



PROGRAM OUTLINE

PROJECT (program name/working title):		Production Start Date
ACMI Member/Producer		Projected Completion Date
Email	1st phone / type	Timeline
	2nd phone / type	
Organization / Agency		Program Duration
Description of Program		Format / Series / Special
Target Audience		Projected Air Date(s) Subject to channel time availability
Location: ACMI Studio, ACMI Studio and or On Location		Permissions Needed: Music, Location, Other
Crew Needed / Positions / ACMI Members, Certifications		Talent Releases Needed / Completed
Equipment Needed		Music or Location Permissions Needed / Completed
Workshops Needed		
NOTES:		

Project Number _____ (ACMi Code) assigned with ACMI Staff approval

Producer ID _____

Mandatory Pre-production Meeting _____ with _____
DATE _____ ACMI Staff