



# PROJECT PROPOSAL

NOTICE: Upon completion, the final DVD shall be released to ACMI.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Producer's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Co-Producer: \_\_\_\_\_ Crew/Staff: \_\_\_\_\_

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Program/Project Title: \_\_\_\_\_

Organization (Optional): \_\_\_\_\_

Series? (Y or N) Episodes Planned (#): \_\_\_\_\_ Program Length: \_\_\_\_:\_\_\_\_:\_\_\_\_ Variable? (Y or N)

Brief Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments (If any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All necessary talent and copyright releases required by law have been obtained.**

I have requested that Arlington Community Media Inc. (ACMI) cablecast the program detailed above. I am a member of ACMI and take full responsibility for the content of this program. I give ACMI permission to release my name, if necessary, as the producer of record when cablecasting the above program. I give ACMI permission to keep a copy of the final tape and/or DVD to use for cablecast or promotional purposes, if and when ACMI chooses.

X \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Producer Signature Phone # Date:

X \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
ACMI Approval Signature Date: