



Project Proposal Form

Community Media Center of the North Bay

Phone: 707-569-8785

Fax: 707-569-8786

Producer Name _____

Group/Organization (if applicable) _____

Telephone _____ Mentor _____

Project/Series Title _____

Single

Project End Date ____ / ____ / ____

Series (Complete "Series Request & Agreement)

Planned Length _____

Describe the program _____

Production location(s) _____

Certification(s) used for this project:

Playback Only

Camera

Field Lighting

Sound Mixer

Final Cut Pro

Live Link

Green Screen (Advanced Live Link class)

Animation

Studio Production/ Direction For Studio & Studio-in-a- box, get "How To Make Your Studio Production Work!" AND a "Studio Crew Sign-In" Form and list ALL CMC-Certified crew members and positions.

**If your Project will be a Live Cablecast (Studio/Live Link only)

talk with the Production Coordinator. (ext. 324)**

In signing this project proposal, I warrant that I have read and understand the Community Media Center's Rules and Procedures and acknowledge that all programs produced with CMC's equipment and/or facilities must be shown first on a CMC access channel. In addition I understand that I am not to change or alter any wiring configurations. Any additional equipment borrowed must be returned immediately following an edit session. I take full responsibility for the equipment I use for this project in the event of its loss or damage.

Producer Signature: _____ Date ____/____/____

Organization Rep. Signature: _____ Date ____/____/____

STAFF USE ONLY

Dec. 6, 2010

Facil Project ID # _____

Parameters of Equipment Use: _____

For all STUDIO Projects, give producer the "How To Make Your Studio Production Work!" Form

CMC Staff Signature: _____ Date ____/____/____

