PROGRAM PROPOSAL

INSTRUCTIONS: Complete part A of the form and return to MCPS Instructional TV, CESC, 850 Hungerford Dr., Room 27, Rockville, MD 20850 via pony or by fax to 301-279-3118.

PART A: TO BE COMPLETED BY THE CLIENT

PRINT FORM | CLEAR FORM

Date Submitted: _____ **DEADLINE FOR COMPLETION:** _____

Program Topic: _____

Contact Person: _____ **Phone:** _____

Department: _____

1. Who is the intended audience? ☐ Staff ☐ Students ☐ Community ☐ National
2. How many programs are you requesting? ☐ Single Program ☐ Series Of Programs (How Many? _____)
3. What category does your program reflect? ☐ Community ☐ Instructional ☐ Training ☐ Internal
4. What is the project type? ☐ BOE Meeting ☐ Guest Speaker ☐ Interactive DVD ☐ Live Show ☐ Musical / Play ☐ PowerPoint ☐ Press Conference ☐ Remote Van ☐ Special Event ☐ Technical Support ☐ Webcast
5. What will be the final medium? ☐ Cable TV ☐ Videotape ☐ DVD ☐ Web / Internet
6. What is the purpose of the program? _____
7. Describe the key points/information that needs to be included. Attach additional sheets if necessary. _____
8. Does this program need to be webcast? ☐ No ☐ Yes, here's why: _____
9. Do you have funds available for expenses such as tape duplication, professional narration, & staff overtime, if necessary? ☐ No ☐ Yes
10. How many copies of the program are needed? _____
11. Are there essential graphics/visuals that must be included in the program? If YES, please attach them if possible. ☐ No ☐ Yes
12. If you intend to use copyrighted materials, do you have written permission from the original source? ☐ No ☐ Yes
    What are they? _____ Do you have copies of them? ☐ No ☐ Yes
13. How will this program be publicized and distributed and who is responsible? _____
14. Estimate how many people will view this program. _____ (i.e. training / meeting / conference)

Typical Cost Estimates
- Tape Duplication: $5 / 20 min. tape
- Voiceover / Narration: $300
- On-Camera Host: $900
- Overtime: $35 an hour per person

APPROVAL BY:

Principal / Director: _____ **Date:** _____

Deputy Level or Assoc. Super.: _____ **Date:** _____

PART B: TO BE COMPLETED BY INSTRUCTIONAL TV

Project #: _____ Program Title: _____ Approved: ☐ Yes ☐ No

Personnel Assigned: _____ Deadline: ___/___/___

Date Assigned: ___/___/___ Date Completed: ___/___/___ Promo Project #: _____ Promo Completed: ___/___/___

Description Completed: ☐ Yes ☐ No Webcast Completed: ☐ Yes ☐ No Feedback Form Sent: ☐ Yes ☐ No