



# PROGRAM PROPOSAL

Date \_\_\_\_\_

## PRIMARY PRODUCER

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

## CO-PRODUCER (if applicable)

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

## PROJECT INFORMATION

PROJECT TITLE \_\_\_\_\_

PROGRAM STYLE                      Video                      Podcast

PROJECT DESCRIPTION

PROGRAM RUN              Single Program              Limited Series              Ongoing Series

EPISODE FREQUENCY              weekly              bi-monthly              monthly              special

WHAT IS THE FORMAT OF THE SHOW?

talk show              on location              cooking show              sports              live production

documentary              PSA              Promo              other

STAFF ASSIGNMENTS (by General Manager)

Director:      TBA \_\_\_\_\_

File Name: *Program Development Proposal 2024*