

COMMUNITY TELEVISION NETWORK RESIDENCY REQUIREMENTS

Services provided by Community Television Network (CTN) are available to **verified** residents of the City of Ann Arbor and Ann Arbor non-profit organizations.

Residency Verification Card: a **valid** Residency Verification Card must be on file with CTN. Verification of residency must occur **prior** to any reservation for CTN services. This includes, but is not limited to: presentation of programming, attendance at workshops, pre-production meetings, and use of facilities.

Annual proof of residency is required. If you change your residence at any time, you must notify CTN to re-establish residency verification. You are welcome to establish a Residency Verification Card as an Ann Arbor citizen, a representative of an Ann Arbor non-profit organization, or both.

Proof of Residency Requires:

- Citizen
1. **Documentation of your identify with a picture ID.**
 2. **Documentation of your address with one of the following:**
 - a. A valid Driver's License
 - b. A valid State of Michigan identification card
 - c. A valid Voter Registration card (dated within the last year)
 - d. A current Residential Lease agreement
 - e. A utility bill (most recent billing period) addressed to you at the listed address
 - f. Verifiable residency at an Ann Arbor Housing Shelter

Proof of Representation of an Ann Arbor Non-Profit Organization Requires:

- Non-Profit
1. **Documentation of the organization's non-profit status**
 2. **Submission of a letter (on letterhead) from the organization's director or immediate supervisor that verifies you as their representative and provides some description of the project(s) you will work on**
 3. **The organization's address to be within the corporate city limits of Ann Arbor**
 4. **Documentation of your identity with a picture ID**

Addresses will be verified through the City of Ann Arbor. **If you and/or your organization DO NOT meet the above requirements, you will be notified in writing within two weeks of submitting a Residency Verification Card.**



COMMUNITY TELEVISION NETWORK

Parental Consent/Liability Agreement FOR MINORS AGES 14-17

I hereby warrant that I am the custodial parent or legal guardian of _____, who is at least 14 years old.

I give my permission for my son/daughter/ward to participate in the following video production workshops offered by **Community Television Network (CTN): Studio Production; and/or Remote Production.**

I also give my permission for my son/daughter/ward **under my supervision** to utilize the CTN television facilities and equipment in the production of programming for presentation on CTN's Public Access Channel 17.

I will assume complete responsibility and liability for any damages related to theft, negligence or misuse of these facilities and equipment while in the use of my son/daughter/ward.

I understand that the use of CTN facilities is solely for the production of programming for Public Access Channel 17, and that before the program is telecast I will be required to sign an Application for Presentation accepting complete responsibility and liability for the content of the program (unless the minor is serving as a representative for an Ann Arbor non-profit organization, in which case the non-profit organization takes responsibility for the program.)

I have read the above requirements and regulations; I understand them and agree to be bound by them in addition to all CTN policies outlined in the CTN Policy Manual.

SIGNATURE OF CUSTODIAL PARENT/ LEGAL GUARDIAN _____

DATE

PRINTED NAME _____ **E-MAIL ADDRESS** _____

STREET ADDRESS _____

CITY/STATE _____ **ZIP** _____

HOME PHONE (____) _____ **WORK PHONE** (____) _____

2805 S. Industrial Hwy., Suite 200 • Ann Arbor, Michigan 48104 • 734.794.6150 • FAX 734.794.6159

CTN Website: www.a2gov.org/ctn CTN E-Mail Address: ctn@a2gov.org



COMMUNITY TELEVISION NETWORK

Parental Consent/Liability Agreement FOR MINORS AGES 12-13

I hereby warrant that I am the custodial parent or legal guardian of _____, who is a minor aged 12 - 13 years old.

I fully understand that the CTN policy stipulates: "Minors age 12 - 13 may be eligible for certain CTN services provided a custodial parent or legal guardian accepts full legal and financial responsibility for the actions of the minor AND is present for all required workshop training, facility reservations, and equipment/facility usage. To be eligible for CTN services, both the minor and custodial parent or legal guardian must be residents of the City of Ann Arbor."

I give my permission for my son/daughter/ward to participate **with me** in the following video production workshops offered by **Community Television Network (CTN): Studio Production**; and/or **Remote Production**. I also give my permission for my son/daughter/ward **under my supervision** to utilize the CTN television facilities and equipment in the production of programming for presentation on CTN's Public Access Channel 17.

I fully understand that I must be present with my son/daughter/ward at all times when he/she is utilizing CTN facilities and services. I will assume complete responsibility and liability for any damages related to theft, negligence or misuse of these facilities and equipment while in the use of my son/daughter/ward.

I understand that the use of CTN facilities is solely for the production of programming for Public Access Channel 17, and that before the program is telecast I will be required to sign an Application for Presentation accepting complete responsibility and liability for the content of the program.

I have read the above requirements and regulations; I understand them and agree to be bound by them in addition to all CTN policies outlined in the CTN Policy Manual.

SIGNATURE OF _____
CUSTODIAL PARENT/
LEGAL GUARDIAN _____

PRINTED NAME _____ E-MAIL ADDRESS _____ DATE _____

STREET ADDRESS _____

CITY/STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

2805 S. Industrial Hwy., Suite 200 • Ann Arbor, Michigan 48104 • 734.794.6150 • FAX 734.794.6159
CTN Website: www.a2gov.org/ctn CTN E-Mail Address: ctn@a2gov.org



Community Television Network PROGRAM DUPLICATION REQUEST

Name: _____ Email: _____

Address: _____ Zip: _____ Cell: _____

PROGRAM TITLE: _____

Program Date: _____ Episode #: _____ Length: _____

Do you intend to publicly screen or telecast this program? Yes No
If yes, CTN policy requires that permission be requested in writing indicating how the program will be used and confirming that it is for non-profit purposes only. **Letter Attached**

No portion of the duplicated program may be used, telecast, or otherwise shown without the expressed written consent of CTN.

Signature: _____ Date: _____

FEE: \$10 per DVD -or- \$15 per DVD (*Mailing Included*)

QUANTITY: _____ (3 Max)

PAYMENT:

Cash Check Visa Master Card Discover

TOTAL PAID:

\$ _____

1. CTN can only make copies of City of Ann Arbor meetings and programs produced by CTN.
2. Duplication requests will be processed within seven business days. CTN will call you to confirm that your DVD copy is ready for pick-up.
3. CTN does not accept responsibility for DVDs left at CTN. DVDs left beyond 30 days will be recycled **WITHOUT REFUND.**

STAFF ONLY

Date Received: _____	Date Completed: _____	Date Pick-Up/Mailed: _____
Staff: _____	Technician: _____	Staff: _____



Viewer Comment Form

Completed by: CTN Staff Viewer Date: _____

Viewer Name: _____

Address: _____

Telephone #: _____ E-mail: _____

Program Title: _____

Date Viewed: _____ Time Viewed: _____ Channel #: _____

General Comments: _____

Action Requested (Check all that apply):

- Schedule additional replays of the program.
- Advise the program presenter of these comments.
- Provide a copy of the program (CTN produced programs only, fee).
- Adjust program timeslot (explain scheduling policy).
- Remove program from schedule (explain scheduling policy).
- Other: _____

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- 1. Does the program contain images of actual or simulated sexual acts, including, but not limited to, sexual intercourse, oral sex acts, and anal intercourse?

Yes No

If "yes," give a description and an estimate of duration. Also, include information as to whether there was nudity and whether the genitals of any participant were exposed.

- 2. Does the program contain images of masturbation?

Yes No

If "yes," give a description and an estimate of duration:

- 3. Does the program contain images of sexual conduct?

Yes No

If "yes," give a description and an estimate of duration. Include information as to whether there was nudity and whether the genitals of any participant were exposed:

4. Does the program contain images of excretory functions?

- Yes No

If "yes," give a description and an estimate of duration:

5. Does the program contain images of exposed human genitals?

- Yes No

If "yes," was it lewd?

- Yes No

If "yes," give a description and an estimate of duration:

6. If you answer to any of the previous questions way "yes," rate how offensive the program was to you on a scale of "0" to "4":

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| <u>Not offensive</u> | <u>Mildly offensive</u> | <u>Offensive</u> | <u>Very offensive</u> | <u>Extremely offensive</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Does you think the program does or does not appeal to a prurient interest, meaning, do you think it appealed to a shameful or morbid interest in sex, nudity or excretion

- Yes No Don't Know

8. Do you think the program, taken as a whole, does or does not have serious literary, artistic, political, or scientific value?

Does have value

Does not have value

Don't Know

THE “MILLER TEST”:

Based on working definition of “obscenity” derived from U.S. Supreme Court Case - Miller v. California, 1973:

For expressive matter - including writings, photographs, art, dramatic works, live performances, films (and other media forms) to be considered obscene”:

1. It must depict or describe certain explicit sexual conduct that has been defined as prohibited in applicable state or federal law.
2. The prohibited sexual depiction or description must be patently offensive to an average person based on contemporary community standards.
3. Taken as a whole, the material must appeal to the prurient interest when judged against contemporary community standards.
4. Taken as a whole, the material must also lack serious literary, artistic, political, or scientific value.

The Miller decision also provided examples of what “patently offensive conduct” might include:

AS A DIVISION OF THE CITY OF ANN ARBOR, ANY DOCUMENTS SUBMITTED TO CTN ARE
SUBJECT TO RELEASE UNDER THE FREEDOM OF INFORMATION ACT.



Community Television Network

Application for Presentation

Public Access Channel - Cable Ch. 17

The City of Ann Arbor first implemented "public access cable television" in 1973 as a means for citizens to utilize a dominant communications medium (cable television) for community-based programming. Since that time, CTN has evolved into a vibrant institution serving individual citizens, non-profit organizations, community service groups, and community institutions. CTN's mission, broadly defined, is to **"build community through media."**

This is a legally-binding contract. All suppliers of programming requesting time on CTN channels must provide complete and accurate information requested in this contract. **CTN reserves the right to remove any programming from our schedule should it be found that this Application for Presentation has been falsified in any manner.** Persons requesting time on the CTN channels must agree to abide by all CTN Policies and Procedures. Violation of CTN Policies may lead to suspension of client privileges. You must have a current Residency Verification Card on file with CTN to submit programming. If you are submitting a program on behalf of an Ann Arbor non-profit organization, you must also have an authorization letter from that organization on file at CTN.

PLEASE COMPLETE THE ENTIRE FORM IN INK, SIGN, AND SUBMIT WITH YOUR PROGRAM.

PRESENTER INFORMATION:

Date: _____

Name: _____

Residence Street Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Presenter's E-mail: _____

Would you like to receive the telecast schedule for your program via: E-mail U.S. mail

IF AN ANN ARBOR NON-PROFIT ORGANIZATION IS SPONSORING THIS PROGRAM:

Organization Name: _____

Organization Street Address: _____

City: _____ Zip: _____

Organization Phone: (_____) _____

Organization E-Mail: _____

Authorization Letter: Already on file Submitted with this form

Staff Use Only - Received by: _____ Date: _____ New RVC RVC Verified: Resident NPO
Category: _____ Codes: _____ Library #: _____
Presenter Notified: _____ Premiere Date: _____ Replay Times: _____
More Replay Times: _____

PROGRAM CATEGORY: which **one best** describes your program?

- | | | |
|--|---|--|
| <input type="checkbox"/> Alternative Lifestyles | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Religion/Spiritual |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Ethnic/Cultural | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Political Affairs | <input type="checkbox"/> Sports |
| <input type="checkbox"/> OTHER: _____ | | <input type="checkbox"/> Youth |

PROGRAM STYLE: which **one** production style **best** describes your program?

- | | | |
|---|---|--|
| <input type="checkbox"/> Animation | <input type="checkbox"/> Magazine Format | <input type="checkbox"/> Talk Show/Variety Show |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Music Video | <input type="checkbox"/> Theatrical/Performance |
| <input type="checkbox"/> Instructional | <input type="checkbox"/> Public Service Announcement | <input type="checkbox"/> Video Art |
| <input type="checkbox"/> OTHER: _____ | | |

PROGRAM DESCRIPTION:

Date Produced: _____ Location Produced: _____

This program may be telecast? Indefinitely Until _____

Please check indicating your program complies with these requirements:

- If VHS, must contain 10 seconds of black or a countdown immediately preceding the program.
If DVD, must contain EXACTLY (no more, no less) 4 seconds of black preceding program.
- Begins within the first 2 minutes of the tape.
- End of program is immediately followed by a minimum of 60 seconds of black.
- Does not contain any extraneous video material.

Please check indicating that you understand the following statements and will abide by them:

- The program you are submitting will be the actual videotape or DVD telecast. If CTN equipment was utilized to produce this program, CTN may duplicate the program for its archives at staff discretion.
- Upon completion of your playback schedule, you will receive a written request to pick up your videotape. Pick up must occur within 30 DAYS of notification. CTN reserves the right to recycle or dispose of any tape left beyond that date.
- CTN is not responsible for loss of or damage to submitted videotapes.
- Only one program per videotape is allowed.

MATURE CONTENT DISCLOSURE:

The City of Ann Arbor, the Cable Communications Commission, and CTN encourage you to **STOP A MOMENT AND THINK**: Your program will be telecast to more than 100,000 households throughout the greater Ann Arbor area. There are children in many of these households, and their television viewing habits may or may not be closely supervised. **If this program contains adult content, it will be scheduled in CTN's mature audience timeslots.**

This section must be completed. If a box is not checked, the form will not be considered complete and the program will not be scheduled.

Yes No

- Extreme Violence:** Extreme acts of violence against people; graphic depictions of violent acts; images or sounds of violent human or animal mutilation, torture, or death.
- Nudity:** Human nudity that depicts sexual intercourse, masturbation, anal sex, oral sex, sadomasochism, or human excretory functions.
- Sexual Content:** The depictions or simulations of sexual acts, sexual intercourse, masturbation anal sex, oral sex, or sadomasochism.

If you answered "no" to all of the above questions in the Mature Content Disclosure, please skip to "Programming Liability and Indemnification Agreement." If you answered "yes" to any of the above, you must check one of (**and only one of**) the boxes below.

- I acknowledge that my program contains adult content and understand that it will be scheduled only in the CTN mature timeslots.
- Although my program contains adult content, because of the artistic and/or educational nature of this program I request that it be telecast in any timeslot and not limited to the CTN mature timeslots.

PROGRAMMING LIABILITY AND INDEMNIFICATION AGREEMENT:

- a. The program presenter, and those involved in the production of the program, are responsible for the program content. The City is not responsible for reviewing any program, and the telecasting of a program in no way insulates those involved in the production of the program from criminal or civil liability for the content of the program.
- b. The CTN production equipment, facilities and channels may not be used for the presentation or production of advertising material designed to promote the sale of commercial products or services. CTN production equipment, facilities, and channels may not be used for the dissemination of any information, directly or indirectly, involving lotteries as defined in Section 76.213 of the Rules of the Federal Communications Commission.
- c. Federal law provides that any person who transmits programming not protected by the U. S. Constitution over cable systems may be fined or imprisoned. Program presenters may be subject to significant civil and/or criminal liability under federal, state, and local laws regarding libel, slander, obscenity, incitement, invasion of privacy, copyright violation or violations of other similar laws. CTN channels may not be used to present material which violates federal, state, or local law.
- d. Program material that directly solicits for funds is prohibited.

Program presenters assume complete liability for the content of the programming they present, and to the maximum extent permitted by law, defend, indemnify and hold harmless the City of Ann Arbor, Community Television Network, any franchised cable operator, or any of their employees, officers, or agents from any and all claims which may arise from the telecast of a program. **I have read the requirements and regulations; I understand them and agree to be bound contractually by them.**

Presenter's

Signature: _____ Date: _____

Tours

CTN offers tours to Ann Arbor non-profit organizations which consist of a one-hour guided tour of the CTN facility and an opportunity for participation in a short studio production that may be telecast on CTN for promotional purposes.

Ann Arbor school children learn to produce their own show during the tour of CTN.

Tours have a limit of 5-20 participants and are scheduled Mondays, Tuesdays, Thursdays, and Fridays between 3:00 PM & 6:00 PM, and Wednesdays from 5:00 PM-6:30 PM. Organizations may request a tour once every three months by submitting the following information in writing to CTN.

- The official name and address of the organization.
- Three (3) possible dates and times for the tour.
- The number and age of the participants.
- A contact name, phone number, and address.

Email your info to CTN@a2gov.org or write to CTN at 2805 S. Industrial, Ste. 200, Ann Arbor, MI 48104

Minors participating in a tour must have a custodial parent or guardian sign a talent release form in order to participate in the studio production portion. Forms will be mailed in advance and must be submitted on the day of the tour.

For more info, call 734.794.6150, ext. 41504.



Access Soapbox

Your 5 Minute Video

“Letter to the Editor” – Speak Out!

“Access Soapbox” provides Ann Arbor residents and non-profit organizations an opportunity to voice an opinion or promote an event. The program is video taped at the CTN studio every second and fourth Thursday of the month, 3:00PM-6:00PM.

On “Access Soapbox” you can:

- Give an editorial
- Express an opinion
- Announce upcoming events
- Discuss activities

Scheduling Your Appearance

To schedule an appearance on “Access Soapbox,” call 734.794.6150. Studio time is reserved on a first-come, first-served basis. Reservations are accepted up to one month preceding your appearance. However, last-minute sign-ups are welcome on the day of production if slots are available. **“Access Soapbox” may be used only once every 3 months.** If you are interested in more air time, we encourage you to become a CTN Producer by signing up for the free CTN Preview and Production Workshops to learn how to make your own programs with CTN equipment.

Copies of Your Appearance

You may purchase up to three DVD copies of your taping for \$10/copy, however you may instead wish to record your segment from home during its telecast.

Video Production

On-air time: Max. 5 min.

- You will have up to 30 min. to record your 5 min. segment.
- This is a simple “point and shoot” production.
- One to three persons speaking directly to the camera.
- May include up to 2 screens of graphics.
- **Avoid wearing blue, as we use “blue screen” technology.**

Content

Your segment may concern a topic of your choice within CTN requirements. You must sign a release accepting responsibility for the content of your appearance and verifying that your message has no:

Defamatory material which invades personal privacy; material which infringes on copyrights or trademarks; obscene material; material which advertises or promotes a commercial product or service; direct solicitations of funds; or lottery information

Watch “Access Soapbox” on CTN Ch. 17

Sundays: 5:00 PM

Mondays: 6:30 PM

Tuesdays: 11:30 AM & 9:30 PM

Wednesdays: 10:30 AM & 6:00 PM

Thursdays: 7:30 PM

Fridays: 12:30 PM

Saturdays: 3:30 PM

Watch online at

CTNAnnArbor.MiroCommunity.org

COMMUNITY TELEVISION NETWORK

Eisenhower Corporate Park • 2805 S. Industrial, Suite 200 • Ann Arbor, MI 48104

IT'S TV BY ME! Community Television Network's free community media resources enable you to speak out, create, and communicate. Visit our website at www.a2gov.org/ctn for details or call 734.794.6150.

Look for CTN on your favorite social media sites.

Check out Facebook.com/CTNAnnArbor and follow “CTN Ann Arbor” on Twitter!



Access Ann Arbor

A 30 Minute Community Talk Show

"Access Ann Arbor" provides Ann Arbor residents and non-profit organizations an opportunity to voice an opinion, provide information, or promote an event. The program is video taped in the CTN studio **on the first and third Thursday evenings of each month at 7:00PM and 8:00PM. All residents and non-profit organizations of Ann Arbor can appear on "Access Ann Arbor" once every 6 months.**

Production

On-air time: 30 min.

The format may include up to 4 persons on the set, including a host (someone from your group who can guide the conversation). You must discuss your ideas with production staff prior to taping date. Graphics, pre-recorded videotape roll-ins, photos and audio sources may be added to your program, but must be discussed in advance.

Copies of Your Appearance

You may purchase up to three DVD copies of your taping for \$10/copy, however you may instead wish to record your segment from home during its telecast.

Scheduling

To schedule an appearance on Access Ann Arbor, call 734.764.6150. Studio time is reserved on a first-come, first-served basis. Reservations will be accepted up to one month in advance, but no less than 7 days prior to your appearance. If you are interested in multiple appearances, we encourage you to become a CTN Producer by signing up for the free CTN Preview and Workshops, and ultimately producing your own programs.

Content

As a "guest" producer of an "Access Ann Arbor" segment, you will be responsible for ensuring that the content of your program follows CTN requirements and does not contain:

Defamatory material which invades personal privacy; material which infringes on copyrights or trademarks; obscene material; material which advertises or promotes a commercial product or service; direct solicitation of funds; or lottery info.

Watch "Access Ann Arbor" on CTN Ch. 17

Sundays: 9:30 PM

Tuesdays: 10:00 PM

Wednesdays: 10:00 AM

Thursdays: 8:00 PM

Saturdays: 3:00 PM

Watch online at

CTNAnnArbor.MiroCommunity.org

COMMUNITY TELEVISION NETWORK

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Look for CTN on your favorite social media sites.

Check out Facebook.com/CTNAnnArbor and follow "CTN Ann Arbor" on Twitter!

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Community Television Network

Application for Presentation/Production Proposal

Public Access Channel - Cable Ch. 17

The City of Ann Arbor first implemented "public access cable television" in 1973 as a means for citizens To utilize a dominant communications medium (cable television) for community-based programming. Since that time, CTN has evolved into a vibrant institution serving individual citizens, non-profit organizations, community service groups, and community institutions. CTN's mission, broadly defined, is to **"build community through media"**.

This is a legally-binding contract. All suppliers of programming requesting time on CTN channels must provide complete and accurate information requested in this contract. **CTN reserves the right to remove any programming from our schedule should it be found that this Application for Presentation has been falsified in any manner.** Persons requesting time on the CTN channels must agree to abide by all CTN Policies and Procedures. Violation of CTN Policies may lead to suspension of client privileges. You must have a current Residency Verification Card on file with CTN to submit programming. If you are submitting a program on behalf of an Ann Arbor non-profit organization, you must also have an authorization letter from that organization on file at CTN.

PLEASE COMPLETE THE ENTIRE FORM IN INK, SIGN, AND SUBMIT WITH YOUR PROGRAM.

PRESENTER INFORMATION:

Date: _____

Name: _____

Residence Street Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Your E-mail: _____

Would you like to receive the telecast schedule for your program via: E-mail U.S. Mail

IF AN ANN ARBOR NON-PROFIT ORGANIZATION IS SPONSORING THIS PROGRAM:

Organization Name: _____

Organization Street Address: _____

City: _____ Zip: _____

Organization Phone: (_____) _____

Organization E-Mail: _____

Authorization Letter: Already on file Submitted with this form

Staff Use Only - Received by: _____ Date: _____ New RVC RVC Verified: Resident NPO
Category: _____ Codes: _____ Library #: _____
Presenter Notified: _____ Premiere Date: _____ Replay Times: _____
More Replay Times: _____

PROGRAM TITLE:

Has This Tape Been Shown on CTN Before? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Single Series - Episode Title: _____ Episode #: _____
 Weekly Series Bi-Weekly Series Monthly Series

ESTIMATED RUNNING LENGTH _____ : _____ : _____
hours minutes seconds

EXACT RUNNING LENGTH _____ : _____ : _____
hours minutes seconds

It is your responsibility to provide accurate program length.

Will this be a LIVE telecast? Yes No

Studio time may only be reserved one month in advance, however you must contact Program Staff at least 5 weeks in advance to reserve a live timeslot on the channel.

Tape Format (Standard Play Only): VHS S-VHS DVD

May we copy portions from this program for use in CTN promotions? Yes No

Scheduling Information:

Determination of the program schedule is at the discretion of CTN staff. You as the program presenter are required to fully and accurately complete all applicable forms prior to the submission of the program. CTN uses this information to schedule programming in a way that **best** promotes audience development and serves the public interest.

CTN will schedule all non-commercial, constitutionally-protected programming at least one time. Replays may be requested, however we cannot guarantee that all requests can be accommodated. Locally produced programming will always have priority over imported programming. Programming identified as mature/adult content will be scheduled after 9:00 p.m. (see back page).

Preferred Timeslots:

Many factors determine program placement. There is no guarantee that preferences can be accommodated.

1st Choice: Day of the week _____ Time: _____

2nd Choice: Day of the week _____ Time: _____

3rd Choice: Day of the week _____ Time: _____

Production Equipment: What CTN equipment do you anticipate using?

Studio Equipment Remote Equipment Editing Hotline Studio
 Are you being compensated in any form for this production? Yes No
 Will any equipment be leaving Washtenaw County? Yes No

Anticipated Start Date? _____

PROGRAM CATEGORY: which **one best** describes your program?

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternative Lifestyles | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Religion/Spiritual |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Ethnic/Cultural | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Political Affairs | <input type="checkbox"/> Sports |
| <input type="checkbox"/> OTHER: _____ | | <input type="checkbox"/> Youth |

PROGRAM STYLE: which **one** production style **best** describes your program?

- | | | |
|--|--|---|
| <input type="checkbox"/> Animation | <input type="checkbox"/> Magazine Format | <input type="checkbox"/> Talk Show/Variety Show |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Music Video | <input type="checkbox"/> Theatrical/Performance |
| <input type="checkbox"/> Instructional | <input type="checkbox"/> Public Service Announcement | <input type="checkbox"/> Video Art |
| <input type="checkbox"/> OTHER: _____ | | |

PROGRAM DESCRIPTION:

Date Produced: _____ Location Produced: _____

This program may be telecast? Indefinitely Until _____**Please check indicating your program complies with these requirements:**

- If VHS, must contain 10 seconds of black or a countdown preceding the program. If DVD, must contain EXACTLY (no more, no less) 4 seconds of black preceding program.
- Begins within the first 2 minutes of the tape or DVD.
- End of program is immediately followed by a minimum of 60 seconds of black.
- Does not contain any extraneous video material.

Please check indicating that you understand the following statements and will abide by them:

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- Upon completion of your playback schedule, you will receive a written request to pick up your program. Pick up must occur within 30 DAYS of notification. CTN reserves the right to recycle or dispose of any program left beyond that date.
- CTN is not responsible for loss of or damage to submitted videotapes.
- Only one program per videotape is allowed.

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This section must be completed. If a box is not checked, the form will not be considered complete and the program will not be scheduled.

This program contains:

Yes No

- Extreme Violence:** Extreme acts of violence against people; graphic depictions of violent acts; images or sounds of violent human or animal mutilation, torture, or death.
- Nudity:** Human nudity that depicts sexual intercourse, masturbation, anal sex, oral sex, sadomasochism, or human excretory functions.
- Sexual Content:** The depictions or simulations of sexual intercourse, masturbation, anal sex, oral sex, or sadomasochism.

If you answered "no" to all of the above questions in the Mature Content Disclosure, please skip to "Programming Liability and Indemnification Agreement." If you answered "yes" to any of the above, you must check one of **(and only one of)** the boxes below.

- I acknowledge that my program contains adult content and understand that it will be scheduled only in the CTN mature timeslots.
- Although my program contains adult content, because of the artistic and/or educational nature of this program I request that it be telecast in any timeslot and not limited to the CTN mature timeslots.

PROGRAMMING LIABILITY AND INDEMNIFICATION AGREEMENT:

- a. The program presenter, and those involved in the production of the program, are responsible for the program content. The City is not responsible for reviewing any program, and the telecasting of a program in no way insulates those involved in the production of the program from criminal or civil liability for the content of the program.
- b. The CTN production equipment, facilities and channels may not be used for the presentation or production of advertising material designed to promote the sale of commercial products or services. CTN production equipment, facilities, and channels may not be used for the dissemination of any information, directly or indirectly, involving lotteries as defined in Section 76.213 of the Rules of the Federal Communications Commission.
- c. Federal law provides that any person who transmits programming not protected by the U. S. Constitution over cable systems may be fined or imprisoned. Program presenters may be subject to significant civil and/or criminal liability under federal, state, and local laws regarding libel, slander, obscenity, incitement, invasion of privacy, copyright violation or violations of other similar laws. CTN channels may not be used to present material which violates federal, state, or local law.
- d. Program material that directly solicits for funds is prohibited.

Program presenters assume complete liability for the content of the programming they present, and to the maximum extent permitted by law, defend, indemnify and hold harmless the City of Ann Arbor, Community Television Network, any franchised cable operator, or any of their employees, officers, or agents from any and all claims which may arise from the telecast of a program. **I have read the requirements and regulations; I understand them and agree to be bound contractually by them.**

Presenter's
Signature: _____ **Date:** _____

PORTABLE EQUIPMENT REQUEST

APPENDIX #11

Name _____ Phone _____

Producer (if different) _____ Phone _____

Program or Series Title _____

Series Episode Title _____ Episode # _____

Location(s) of Shoot _____

Check Out (pick up): Date _____ Time _____

Check In (return): Date _____ Time _____

ITEMS REQUESTED

<u>CAMCORDER #</u>	<u>OUT</u>	<u>IN</u>	<u>COMMENTS</u>	<u>Estimated Replacement Cost</u>	
Which Includes:	/	/	_____	\$10	
Manual	/	/	_____	\$25	
Headphones	/	/	_____	\$250	
Dual XLR Adapter	/	/	_____	\$120	
Power Adapter	/	/	_____	\$20	
Power Cord	/	/	_____	\$25	
DC Coupler	/	/	_____	\$22	_____ CHECK-OUT SIGNATURE
Video Cable	/	/	_____	\$105	
Omni Mic	/	/	_____	\$20	
16' XLR Cable	/	/	_____	\$165 (45/75)	_____ date staff
Batteries x 3					
_____ Tripod # _____	/	/	_____	\$500	
_____ Dolly # _____	/	/	_____	\$250	
_____ PZM mic # _____	/	/	_____	\$190	
_____ Omni mic # _____	/	/	_____	\$85	
_____ Cardioid mic # _____	/	/	_____	\$240	_____ CHECK-IN SIGNATURE
_____ Shotgun mic # _____	/	/	_____	\$200	
_____ Lavalier mic # _____	/	/	_____	\$180	
_____ Shure Mixer # _____	/	/	_____	\$400	
_____ Mic Stand - floor # _____ table # _____	/	/	_____	\$50	_____ date staff
_____ Mic Cables # _____ # _____ # _____	/	/	_____	\$25	
_____ Lights # _____	/	/	_____	\$500	
_____ Extension Cords # _____ # _____	/	/	_____	\$15	
_____ Camera Remote	/	/	_____	\$25	
_____ Bag	/	/	_____	\$25	
_____ Other _____	/	/	_____		
_____ Other _____	/	/	_____		
_____ Other _____	/	/	_____		

CLIENT AGREEMENT

I agree to assume responsibility for all Community Television Network equipment while in my possession. This includes any repair or replacement cost that may occur due to damage or loss of said equipment. I have read and understand all Community Television Network policies and agree to abide by them.

 Signature _____
 date

STUDIO REQUEST

Name _____ Phone _____

Program or Series Title _____

Series Episode Title _____ Episode # _____

Studio (circle): **MAIN** **HOTLINE** **Date:** _____ **Time:** _____

This production will be taped: LIVE on-air _____ for later replay _____

Additional Equipment Needed

	OUT	IN	COMMENTS
_____ Headphones # _____	_____ / _____	_____ / _____	_____
_____ Lavalier mic # _____	_____ / _____	_____ / _____	_____
_____ Shotgun mic # _____	_____ / _____	_____ / _____	_____
_____ Cardioid mic # _____	_____ / _____	_____ / _____	_____
_____ Wireless (handheld) mic _____	_____ / _____	_____ / _____	_____
_____ Mic Stand - floor# _____ table # _____	_____ / _____	_____ / _____	_____
_____ Mic Cables # _____	_____ / _____	_____ / _____	_____
_____ Floor Lights # _____	_____ / _____	_____ / _____	_____
_____ Extension Cords # _____ # _____	_____ / _____	_____ / _____	_____
_____ Other _____	_____ / _____	_____ / _____	_____

CREW

_____ Check here if you would like your production listed on the CTN CrewCall webpage and provide a contact name, phone number and/or email address: _____

This section must be completed at least one day prior to the production date.

Director / TD: _____

Audio Operator: _____

CG Operator: _____

Camera 1: _____

Camera 2: _____

Camera 3: _____

Floor Manager: _____

Production Asst.: _____

CLIENT AGREEMENT

I agree to assume responsibility for all Community Television Network equipment while in my possession. This includes any repair or replacement cost that may occur due to damage or loss of said equipment. I have read and understand all Community Television Network policies and agree to abide by them.

_____ signature

_____ date

CTN UNDERWRITING DISCLOSURE FORM

Underwriting, the exchange of goods, services and/or money, is solely for support in the production and presentation of programming for the public access channel.

- ◆ The independent client producer **DOES NOT** represent Community Television Network.
- ◆ Funding and/or support provided **MAY NOT** be equated with or implied as “buying time” on the public access channel.
- ◆ Funding and/or support **IS NOT** to be considered contributions to Community Television Network and **IS NOT** tax deductible unless the independent producer has that particular legal status.

Underwriting Policy

- ◆ Underwriters may be acknowledged by name and/or logo only at the beginning and/or end of the program.
- ◆ No addresses, telephone numbers or other promotional information.
- ◆ Acknowledgement is limited to ten (10) seconds per underwriter credit.

TO BE FILLED OUT BY THE CLIENT PRODUCER:

NAME: _____

PROGRAM/SERIES

TITLE: _____

CHECK ONE: _____ SERIES _____ SINGLE PROGRAM

I HAVE READ AND UNDERSTAND THE RULES FOR SPONSORSHIP AND UNDERWRITING.

CLIENT PRODUCER'S SIGNATURE

DATE

AS A DIVISION OF THE CITY OF ANN ARBOR, ANY DOCUMENTS SUBMITTED TO CTN ARE SUBJECT TO RELEASE UNDER THE FREEDOM OF INFORMATION ACT.

(OVER)

TO BE FILLED OUT BY THE UNDERWRITER:

NAME: _____

BUSINESS/AGENCY: _____

ADDRESS: _____

PHONE: _____

List the specific form(s) of support you are/will be providing for this program/series and the dollar value:

Per One Item	Value	Program	Time
_____ Cash	\$ _____	_____	_____
_____ Sets/props/clothes	\$ _____	_____	_____
_____ Equipment	\$ _____	_____	_____
_____ Food	\$ _____	_____	_____
_____ Location	\$ _____	_____	_____
_____ Other: _____	\$ _____	_____	_____

I HAVE READ AND UNDERSTAND THE RULES FOR SPONSORSHIP AND UNDERWRITING AND THE REVERSE SIDE OF THIS DOCUMENT.

UNDERWRITER'S SIGNATURE DATE

PLEASE NOTE: A new form **WILL** have to be filed for any changes in the type or amount of support given by this business/agency.

STAFF SIGNATURE DATE

