**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 CTN’s public access channel.*

**CTN Underwriting Policy**

Underwriting/Compensation:

1. Underwriting (the provision of goods, service, and/or money), is allowed for the support/improvement of a production. All underwriting must be registered with CTN on an Underwriting Disclosure Form. Failure to do so will be cause for immediate suspension of the user's privileges to use CTN facilities. See CTN Procedures Manual.
2. Underwriting/compensation is not permitted for the personal gain of the program producer/presenter.
3. Underwriting credit shall be limited to the following criteria:
   * 1. The visual and/or audio presentation of the underwriter during the beginning and ending credits of the program;
     2. A maximum of fifteen seconds (:15) is permitted for identifying an underwriter;
     3. The underwriting recognition presentation may include: organization name, logo, location, telephone number, web address;
     4. The underwriting recognition presentation may not include; language that is promotional, calls to action, pricing information, encouragements to buy or sell.

Also please note:

* The independent client producer **DOES NOT** represent CTN
* 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 CTN and **IS NOT** tax deductible unless the independent producer has that

*To Be Filled Out by Client Producer:*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I have read and understand the rules for underwriting at program to cablecast on CTN Comcast Channel 17.*

CLIENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***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

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

Cash

Sets/props/clothes

Equipment

Food

Location

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value

$\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_

Program

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

Time

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

I HAVE READ AND UNDERSTAND THE UNDERWRITING POLICY

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

UNDERWRITER’S SIGNATURE DATE

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STAFF SIGNATURE DATE