

PROGRAM SUBMISSION FORM

Name of program or series: _____
(As it appears on the videotape)

What is the length of each of these programs? _____

Please give a brief description of this program: _____

Where was this program(s) made?

- At MCT or with MCT Equipment
 In Montgomery County, but not with MCT Equipment
 In Maryland
 In the Washington D.C. Metropolitan Area
 Not made locally
 Unknown

Choose **ONLY ONE** of the following program subjects or categories that best describes your program or series of programs:

- Arts Community Educational Ethnic Growth Health Humanities
 Inspirational Public Affairs Science Sports Youth

Does the program contain any content for adults only?

- YES NO

Are there any special considerations you would like us to take into account before assigning a time in the programming schedule? If so, please describe.

Does this program or these Series episodes have content that makes you recommend a certain limited set of dates for playing the program on Access Montgomery Channels?

Are there any reasons each program's videotape cannot be delivered to Access Montgomery (MCT) by five business days before the first time it is to play over an Access Montgomery channel? Unless Access Montgomery gives an exception for a particular program, the videotape for each program is expected to be delivered to Access Montgomery no later than five business days before each program's first play date.

Access Montgomery Program Submission Addendum

The board of directors has developed measurable goals for AMTV to meet over the next twelve months. In particular we have been asked to consider the content of our programs in light of the diverse population served in Montgomery County. To complete reporting requirements for our operations and to help shape our outreach efforts as we strive to serve a diverse community, we hope you will help us by taking a moment to fill out the brief survey below. This portion of your application is completely voluntary. We will be tracking program content over time in order to best serve our viewers. Thank you.

Please indicate the title of the program you are submitting:

Series _____

or

Standalone _____

1. Is your program intended for a targeted audience with a specific minority ethnic or cultural identity?
If yes, please identify: _____,

If no, please continue to the next question.

2. Does the producer or presenter of this program identify themselves as a member of an ethnic or cultural minority group?
Yes ___
No ___

3. Whatever your choice as a program category on AMTV's channels, is the content of your program primarily related to or about minority ethnic or cultural topics?
If yes, please identify: _____,

If no, please continue to the next question.

4. What can we do to assist you in using our services here at AMTV?

Please return this form with your program submission. Thanks again for your assistance.