KPFA TRAFFIC DEPARTMENT REQUEST (CART) SHEET

Use this form to request the following type of announcement:

Submit this form via ... CARTS/PSAS/PPAS Fax. (510) 848-5776 LIVE READ SCRIPTS Email: traffic@kpfa.org COMMUNITY CALENDAR Web. http://kpfa.org/psa

Mail: KPFA, Traffic Department, Box 10, 1929 Martin Luther King Jr Way, Berkeley, CA 94704

Forms if requested by the traffic department. Complete all sections and attach additional sheets if necessary by no means to be considered mandatory. Organizations are limited to one community calendar or public service announcement per month. Nonprofit organizations must submit proof of tax-exempt status may not be processed. Carts are produced as a public service to the communities that we serve and are are processed on a first come, first served basis. Forms received less than 21 days in advance

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IS THIS A KPFA BENEFIT? Y N				Contact Name	GROUP IS A TAX	LIST BELOW TH	ARE YOU COLLEC	e line must be complete additi	UR CONTACT INFO	ORGANIZATION	WHO ARE YOU?	nt flyer must be attac	Is this event whee	LIST VENUE, ADI	LIST DAY(S), DA1	WHAT TYPE OF CA
ENEFIT? Y N If yes				Organization Address	LECTING FUNDS AT TEXEMPT 501 (C)3 ORG	E NAME, ADDRESS AN	ARE YOU COLLECTING FUNDS AT THIS EVENT?	 d. List the best method and ti ional questions we might have 	ORMATION – NAME, AD	N KPFA STAFF		ched or include a brief su	ls this event wheelchair accessible? Y N	DRESS, CITY, TELEPHOROGRAMMER OR DEP	TE(S) AND TIME(S) OF	WHAT TYPE OF CART/ANNOUNCEMENT IS THIS? (check one): PSA PPA CALENDAR OTHER
List any additional benefiting organizations and their tax-exempt status on the back of this form. Is THIS A KPFA BENEFIT? Y N If yes, how does KPFA benefit from co-sponsoring?				Business Phone	BUSINESS COLLECTING FUNDS AT THE EVENT. INDICATE IF THE BENEFITING GROUP IS A TAX-EXEMPT 501 (C)3 ORGANIZATION ACCORDING TO IRS TAX CODE	LIST BELOW THE NAME, ADDRESS AND CONTACT OF EACH ORGANIZATION OR		Above line must be completed. List the best method and times to reach you. If we are unable to contact you with any additional questions we might have, your announcement will <u>NOT</u> air.	YOUR CONTACT INFORMATION – NAME, ADDRESS, TELEPHONE AND EMAIL ADDRESS		OTHER, PLEAS	Event flyer must be attached or include a brief summary of the event/show on reverse of this form	N Is this a one-time special? Y N	LIST VENUE, ADDRESS, CITY, TELEPHONE, WEBSITE AND EVENT CONTACT OR KPFA HOST, PROGRAMMER OR DEPARTMENT HEAD CONTACT INFORMATION	LIST DAY(S), DATE(S) AND TIME(S) OF THE EVENT OR KPFA SHOW/PREEMPTION:	IT IS THIS? (check one):
om co-sponsoring?	ΥN	NĀ	Y _N	Contact Email 501 (c) 3	THE BENEFITING TO IRS TAX CODE	RGANIZATION OR	YES NO	able to contact you with any air.	ND EMAIL ADDRESS		OTHER, PLEASE INDICATE BELOW:	on reverse of this form.	ecial? Y N	NT CONTACT OR CT INFORMATION	OW/PREEMPTION:	

Attach your event flyer and script to this form. If approved, your announcement will air 1-3 times daily on KPFA and will appear on the KPFA website. Any questions regarding carts and public service announcements can be directed to the KPFA Traffic Director or Program Director. Contact information is listed at the top of this form

FOR OFFICE USE ONLY	<u> </u>				
Today's Date ID#	Туре	Announcement Title	Start Date	End Date	Announce Length
Cart Types: LIVE, PPA, PSA, MA	Cart	Cart #s: Wk 1 11## Wk 2 12## Wk 3 13## Wk 4 14## MAs/PPAs 10## Live Read 3###	MAs/PPAs 10## Liv	ve Read 3###	rev 10/26/2005