ONE-TIME SPECIAL BROADCAST PROPOSAL FORM

	FOR OFFICE USE ONLY		
Date: (Date your proposal is submitted)	Agenda item for Program Council on:	Proposal Number	
Date and Time of Event: (Actual date and time of the event)			
Desired Date and Time of Broadc (If different from the above date and time. Example:	ast: If you are recording an event for later broadcast, then s	state when you would like the recording aired)	
Title of Broadcast: (A simple title to be used for listings)			
Name of Proposal Author/Contact: (Individual or collective presenting the proposal)			
Program (if affiliated with a KPFA Program):			
Contact Address	City/ZIP		
Contact Phone 1: (Day)	Contact Phone 2: (Evening)	Contact Email:	
Is this a public event?: YES NO If the proposal is for an event (i.e. lecture, rally), circle		ent be broadcast live?: YES NO uestion if you circled "yes" on the previous question	
Contact Person for Event: Name of promoter for the event	Contact Phone: Phone number of promoter		
Event Venue, Address and Phone number:	Contact Email: Email for promoter		

Description of program/event and how it helps to fulfill KPFA's mission statement?

Technical assistance or equipment needed for this broadcast:

KPFA can provide limited assistance and/or equipment for broadcast. Because of staffing and budget concerns, KPFA may not be able to provide everything needed for the broadcast.

Are there any costs to KPFA? Yes No
If so, please submit a budget. All costs must be approved by the General Manager and Business Manager prior to submitting the proposal. Example of costs: ISDN line; international phone calls; satellite feeds.

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Please provide additional contact info	rmation if this special broa	dcast is a collaboration with
another Pacifica station or affiliate: Name Number	Position	Contact Phone
For broadcasts of 2 or more hours, ple	ease submit a production c	ock on a separate piece of paper.
Please provide a script or produced ca	ert for the promotion of vo	ur snecial
Trease provide a script of produced ca	ire for the promotion of you	ii speciai.
Please submit an ISDN form if applica	ıble.	
Production crew and contact information	·ion•	
Producer, host, engineer, line producer, board operator	r etc.	
Name Number	Position	Contact Phone
Are there any other issues to consider	when reviewing your prop	osal?

Proposal Check-Off List

Completed proposal form Approved budget (if applicable) ISDN line request formed completed (if applicable) Promotional script or completed cart Completed list of production crew