

# TV Program Submission Form



Program Title \_\_\_\_\_

Episode Title \_\_\_\_\_

Episode Number	TRT	Taping Date
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Producer \_\_\_\_\_

Home Phone #	Cell/Work #	Email
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Description of Show, including guests, companies, etc.

\_\_\_\_\_

Taping Location:     FPA's Facilities                       Elsewhere

Were any FPA facilities or equipment used during the production of this program at all?     Yes     No

This Show is:             Time Sensitive                       Evergreen  
 Special Occasion/Holiday: \_\_\_\_\_

This Show is:             Series     Special

This Show is:             Suitable for all audiences  
 Kids  
 Adult

**REVERSE SIDE**

STAFF USE ONLY	
Date Rec'd: _____	Date Rec'd: _____
Rec'd By: _____ <input type="checkbox"/> NMP	Rec'd By: _____ <input type="checkbox"/> NMP
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Date Reviewed: _____	Date Reviewed: _____
Reviewed By: _____	Reviewed By: _____
Episode # _____	Episode # _____
Placement on Tape:	Placement on Tape:
1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>
<b>TRT:</b> _____	<b>TRT:</b> _____

If this program is political in nature, the following disclaimer must be added: *"The views expressed are those of the candidates and not those of the station. FPA endorses no candidate or view point, and the presentation is made as a public service in the interest of informing the electorate, and that equal opportunities have been presented to all bona fide, legally qualified candidates for the same opportunity to present their views."*

The Programming department deletes all digital file submissions after 90 days. Do NOT give us your only copy.

**The producer agrees to the following:**

This program is non-commercial in nature, does not contain a call to action or any commercial content. This program does not contain fund raising, lottery, libelous or slanderous material. This program does not contain obscene material (VA code available from Dir. of Programming). I have obtained copyright clearances for all copyrighted materials in this program. I have read and understand the FPA Operations Manual and this program complies with all content and technical standards detailed in the manual. I have agreed to all conditions of acceptance, including the Terms & Conditions in my original proposal.

<b>Producer's Signature</b> _____	<b>Date</b> _____
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Fairfax County Resident?     YES                       NO