App #	
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Date Received:	
Time Received:	
PTV Staff Initial:	

■ Male ■ Female

□ 18-24 □ 25-59

☐ Asian ☐ Hispanic African American Caucasian □ Other

□ 60 & UP

Sex:

Age:

Race:

People TV Inc. Channel Time Application SPRING 2019

All required information must be completed before this application will be accepted and stamped with the date and time of receipt. Producers claiming a City of Atlanta residence must provide "ORIGINAL" current documents as proof. A driver's license, state issued ID, current electric or gas bill in your name, voter registration card or residential lease with your name can be used. Your Channel Time Application and proof of Atlanta residency must be personally turned into a Playback staff person.

Applications will be processed using the date and time on this form. All resident producers using the People TV facilities to create programs/content must provide People TV the First Play of all programs and approved by management prior to use on any other content provider. In order to use the production facility you must be INTRODUCTION certified.

People TV application fees must be paid in form of money order or cashier check. Paypal may be used as well. NO CASH or PERSONAL CHECKS will be accepted.

*****CHANNEL TIME APPLICATION FEES ARE NON-REFUNDABLE*****

Note: If this form is altered in any way it will invalidate the form and jeopardize your status as an Active Producer.

1.) Program Title:				
2.) Producer:				
	Agent Name form for Organizational Age nating the Agent to act in the		ng with a letter on th	ne Organization's letterhead, signed by
4.) City of Atlanta Resident?	□Yes Application Fee	\$150 □No	Application Fee	\$200
5.) Producer's Address*:	* All Post Office Box	es will be treated a	s Non-residents	
6.) City County _ *Fulton County Commission Dis				
7.) Home #		E-mail	: *Must provide cu	urrent and active email
☐ Introduction	_ □ Location			☐ Independent Producer.
9.) Will you be using People TV extends *Producer will need PTV Intro				□ No
10) If you answered "yes" to quest ☐ Yes* ☐ No	ion 9, is this your first sea *You may only apply for			Producer's Demographic Information for Grant Purposes:

14.) You MUST check one in each column to describe your Program:

13.) Give a brief description of your program on next page of this application. *REQUIRED

11.) Does your program contain strong language? If yes, it will be on the schedule

after 1:00am. ☐ Yes ☐ No

12.) List time slot preferences:

<u>Length</u>	Runs	Resident Fee	Non-Resident Fee	<u>Format</u>	Program Status
□28:30 minutes	□Weekly (10 Shows)	\$150	\$200	□ DVD	☐ New Program
□58:30 minutes	□Biweekly (5 Shows)	\$150	\$200	☐ Live	☐ Re-Application
□ 28:30 or 58:30	☐Monthly (2 Shows)	\$75.00	\$100		
TRT:	□Special (1 Show)	\$50.00	\$75		

(Adult content will no longer be accepted.)

Day 1) _____ Time 1) ____ Day 2) ____ Time 2) ____ Day 3) ____ Time 3) ____

Handbooks which I have reviewed and understand, including the required Minimum Technical Standards and Submission Requirements Signature____ email address______Date______ Brief description of program: PLEASE READ, INITIAL, AND SIGN BELOW: Except as otherwise provided by law and pursuant to the State of Georgia's Sunshine Laws and the Open Records Act (O.C.G.A. §§ 50-18-70 through 77), this document and the information contained within are public records and may be reviewed and/or inspected by the public upon request. ___I HAVE RECEIVED AND REVIEWED "THE MEDIA SPECIFICATION GUIDE "AND "THE PROGRAMMING STANDARDS CRITERIA." SIGNATURE:_____ DATE:_____ **Box Below for Office Use Only** Proof of Residency (one required each season) GA Driver's License____ Electric/Gas Bill Notarized Residential Lease___ State issued ID/Voter Registration Card (with current street address)_____ Show synopsis received: ____yes ____no Non-profit Organization Agent form received: _____yes _____no ____ not required Outstanding Balance Due: yes____/Amount Due \$____ Applicant Information Verified by: _____ Status: Active_____ Non-Active_____ Channel Time Awarded: _____Yes _____No Comments:

By my signature I acknowledge all information provided herein to be true and accurate and I agree to comply with the People TV Producer and Volunteer

People TV Producer Agreement and Indemnification Form

I, _	, as the producer of the program/content titled
stat Pec age exp	
	Any material which promotes the sale of any product or service, or any material which in whole or part depicts, demonstrates, or discusses products, services, or businesses with the intent or effect of benefiting or enhancing profit making enterprises. Any advertisement or other information concerning any lottery, gift, enterprise, or similar scheme offering prizes dependent
	in whole or in part upon lot or chance, or any list of the prizes drawn or awarded by means of any such lottery, g enterprises or scheme. Any direct or indirect solicitation of funds for any reason.
5.	Any materials which would violate any federal or state statute, law or regulation. Any material which is obscene, indecent or defamatory. Any material that is copyrighted or subject to ownership or royalty rights without necessary releases, licenses, or oth
7. 8.	permissions. Any material that is libelous, slanderous, defamatory or an unlawful invasion of privacy. Program sponsorships must be approved by People TV before production using People TV facilities/equipment.
Ple	ase initial each of the following:
	I agree to allow People TV Inc. the right of exhibition of the named Program/Content as submitted, in whole or in part, any channel or in any media used by People TV, Inc. and its third parties, including but not limited to: cable providers; state eo providers; web, video on demand and streaming hosts.
abo	I agree to provide People TV Inc., upon request, with copies of any releases, licenses, or other permissions as set forth ove, obtained by me with respect to the program/content I submit.
stol	I agree to release People TV Inc. and its employees from responsibility if this program/content is damaged, lost on while in their custody.
	I agree to have each episode turned in one week before the scheduled airdate.
web	I agree to allow People TV Inc. and its third parties, including, but not limited to, cable providers; state video providers; o, video on demand and streaming hosts the right of First Play before exhibited in any other media
incl	I agree to allow People TV Inc. to make a copy of my program/content for use by People TV Inc. and its third parties, uding but not limited to: cable providers; state video providers; web, video on demand and streaming hosts.
	wear that all information submitted on this application is true and accurate and should any changes cur with the information as supplied, I will promptly update a playback staff member at People TV.
Don	ne this day of,, in the city of Atlanta, Georgia (or other city as named below as my address).
Prod	ducer's Name
Orga	anization's Name (when Non-profit Organization is the Producer)
Add	ress
City	, State, Zip Code
J., ty	,;