

## ETV Project Submission Form

### Project Information

Required fields are denoted by \*

\*Project Name:

\*Working Title:

Project Number:

Date:

Director:

### Project Type and Description

(Describe project, major activities, timelines, elements, and ancillaries.)

### ETV Information

ETV Agency:

ScheduAll Number:

Account Executive:

### Client Information

\*Name:

\*Address:

City:

State:

\*Phone:

\*Contact Name:

Phone:

Contact E-Mail:

Client FEIN:

ZipCode:

Fax:

Fax:

Tax Exempt Number:

Financial Information

Purchase Order:

Rate Card:

Priority:

\*Estimated Total Budget:

Billing Terms:

Internal: Yes:  No:

\*Project Due Date:  (mm/dd/yyyy)

You may upload budget forms as either MS Word documents or Excel spreadsheets. Use the browse button below to find the file on your computer. Upon successful upload, the file will be saved to the server where it may be viewed and edited. If the file does not upload successfully you will receive an error message.

File Name:

Funding Source:

Project Revenue  
for ETV: Yes:   
 No:

Amount:

Require a Match: Yes:   
 No:

Amount:

Cash: Yes:   
 No:

Amount:

In-Kind: Yes:   
 No:

Amount:

Other: Yes:   
 No:

Amount:

Facilities Check all that apply

Art Yes:   
 No:

Graphics Yes:   
 No:

Print Yes:   
 No:

Website Yes:   
 No:

Digitization	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Record Room	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Dubs	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Closed Caption	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Room Reservation	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Audio Bridge	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Digital Channel	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Video Uplink	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Video Downlink	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Microwave	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Video Pass-Through	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Video Conferencing Pass-Through	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Video Conferencing Origination	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Video Downlink Pass-Through	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Downlink to Record	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Tape Feed	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Scripting	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Still Photography	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>

Radio Yes:  No:

Personnel Only Yes:  No:

TV Studio Yes:  No:

TV Remote Yes:  No:

Field Production Yes:  No:

Scenic/Set Design Yes:  No:

Editing Yes:  No:

Broadcast Information

\*Program Title:

Program Length:   
(hh:mm:ss)

Live Broadcast Date/Time:

Taped Broadcast  
Date/Time:

Schedule Broadcast on: Network:  South Carolina Channel:  Closed Circuit:

Rights Information

Program Project Owner:

Copyright Holder:

Content Owner:

**Rights/Usage**

Marketing/Sales: Yes:  No:

If Yes please complete the section below.

**Program Type**

Individual Program:  Series:

For Individual Sale:  Sold as a Set:

**Sales Type**

Home Video Outside SC Yes:  No:

Home Video Inside SC Yes:  No:

Educational Outside SC Yes:  No:

Educational Inside SC Yes:  No:

Telecourse Sales (Series Only) Yes:  No:

Broadcast Sale Type:

Web Steaming Sale Type:

**Territories**

Territories for Sale:

**Additional Rights Information**

Submit Project for Approval:  Save for later: 