

**Project Proposal**  
Harpswell Community Television  
Harpswell Community Broadcasting Corporation

Date: \_\_\_\_\_ Program Title \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

Please submit a brief outline and topic of the program(s) which you/or you organization would like to produce for Harpswell Community Television.

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Will Program be: Taped  Live

Length of Program: \_\_\_\_\_

Set Materials Required: \_\_\_\_\_

Post production editing:: Yes  No

Number of people on stage: \_\_\_\_\_

Return this form to **Harpswell Community Television, 10 Community Drive** or mail to **Harpswell Community Television, P.O. Box 39, Harpswell, Maine 04079.**

For fast breaking items, either call Channel 14 at 833-2363 or the Station Administrator at 833-6739

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(Please do not write below this line)

Proposal reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received: \_\_\_\_\_ By whom: \_\_\_\_\_

Date of meeting: \_\_\_\_\_ Project begun: \_\_\_\_\_

Project Completed: \_\_\_\_\_ Broadcast date: \_\_\_\_\_