

Program Plan Form

St. Paul Neighborhood Network 550 Vandalia Street
St. Paul, MN 55114 651-298-8908 fax. 651/298-8414

Member # _____

Series: yes or no

Name _____

Religious Access (14) _____

Estimated Length: _____

Public Access (15) _____

Date: _____

Project Title: _____

Estimated Completion Time: __2 months __4 months __6 months __On-going series (must still have the first episode turned in within 2months)

What is your program idea/story idea? _____

What is the purpose of the program? to entertain to inform

Do you plan to use music, if so what kind? Copyright free local musician(with permission) obtain copyrights

Do you plan to use interviews, narration, or graphics to help tell the story? _____

What do you think some of your challenges may be in completing this project? _____

How can Access Staff be most helpful to you (consultation with planning, technical training, finding volunteers)?

Do you have or need volunteers to help? _____

Signature: _____ Date: _____