



PROJECT PROPOSAL & PRODUCTION CONTRACT

This form facilitates the authorization and coordination of the use of BNN facilities and equipment. Please type or print your answers legibly in the spaces provided. Both sides of this form must be completed in detail and approved by all relevant facility administrators before resources may be scheduled. Additional paperwork, such as the Studio Production Plan or Van Request Form, may be required to use particular facilities. Please note, only certified producers may reserve facilities to work on any project, and the reservation will count as an active project towards the producer's maximum amount of active projects for each authorized producer involved in a program. Please contact the appropriate Department Coordinator if you have questions.

Producer Name: Member ID: Expiration Date
Membership Type: Individual Access Organizational Access BNN Staff Produced
Organization (if applicable) Contact:
Address: City: Zip Code:
Daytime Phone: Evening Phone: Email:

Co-Producer Name: Member ID: Expiration Date
Membership Type: Individual Organizational BNN Staff Produced
Organization (if applicable) Contact:
Address: City: Zip Code:
Daytime Phone: Evening Phone: Email:

Project Title: Program Length:

Is this ... your 1st Proposed Project? Yes No
... for Certification? Yes No
... a new TV series? If yes, how many New Programs are you creating?

Program Frequency: Weekly Bi-Weekly Monthly Single Feature Event

How will resulting program(s)/content be distributed? (check one) Community TV BNN Live
Other Distribution Mediums (Check all that apply) Web CD/DVD Other

BNN Resources Needed: (Please check all that apply)
Digital Field Equipment Multimedia Center/Editing Suites Studio Van
Other

Language: (Check all that apply) English Spanish Creole Portuguese
Greek Vietnamese Other

Primary Age Demographic of Target Audience: 0-12 13-18 18-29 30-64 65 +
Secondary Age Demographic of Target Audience: 0-12 13-18 18-29 30-64 65 +



# Boston Neighborhood Network

**Program Format:** (check one)

- Talk Show     Magazine     Variety (w/ Entertainment)     Dramatic (Scripted)  
 How-To (Demonstration)     Other \_\_\_\_\_

**Program Theme/Category:** (Using the themes defined by Distribution Dept. please check the one that best fits your project.)

- Faith Based     Educational     Arts & Entertainment     Music     Youth & Families  
 Cultural Expression     Neighborhood Focus     Politics & Opinion     Special Features  
 Sports     News & Current Events     Workforce & Employment

**Will this program contain any potentially offensive material?**

- Yes (if yes, check all that apply below)     No  
 Violence     Coarse Language     Sexual Situations  
 Disturbing content relating to human/animal medical procedures, mutilation, excretory functions, etc.  
 Other \_\_\_\_\_

## Proposal Elements

(Please describe your project more fully in the sections below.)

**Purpose of Program:**

**Treatment/Outline for Program (See attached \_\_\_\_\_. Or write)**

**Are you receiving or seeking any financial support for this project?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe:

**Please attach or list a Tentative Schedule of any Field or Studio Shoots for this Program**

Upon acceptance and approval of this proposal, a complete Producer's Planning Packet must be completed and submitted.

## FACILITY, EQUIPMENT AND RESOURCE NEEDS

Proposed Project Start Date: \_\_\_\_\_

Planned Project End Date: \_\_\_\_\_

| Production Equipment<br><small>(check all that apply &amp; list number of checkouts needed)</small> | Number of Checkouts per Project | Staff Initials | MultiMedia Equipment<br><small>(check all that apply &amp; list number of checkouts needed)</small>                                                                                                                                                                                                                                                                                                                                                | Approved Hours for Project           | Staff Initials |
|-----------------------------------------------------------------------------------------------------|---------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------|
| <input type="checkbox"/> Sony VX-2100 DV camera _____                                               |                                 |                | <input type="checkbox"/> <b>Multimedia Lab</b><br><input type="checkbox"/> Final Cut Pro<br><input type="checkbox"/> PowerPoint<br><input type="checkbox"/> Photoshop<br><input type="checkbox"/> After Effects<br><input type="checkbox"/> Soundtrack<br><input type="checkbox"/> Motion<br><input type="checkbox"/> DVD Studio Pro<br><input type="checkbox"/> iDVD<br><input type="checkbox"/> Other: _____                                     | <b>Multimedia Lab Hours</b><br>_____ |                |
| <input type="checkbox"/> Sony PD-150 DV camera _____                                                |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
| <input type="checkbox"/> Sony TRV-950 camera _____                                                  |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
| <input type="checkbox"/> Sony PD-170 DV camera _____                                                |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
| <input type="checkbox"/> Sony TRV-900 camera _____                                                  |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
| <input type="checkbox"/> 3 Point Lighting Kit _____                                                 |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
| <input type="checkbox"/> Omni Lighting Kit _____                                                    |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
| <input type="checkbox"/> Tota Lighting Kit _____                                                    |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
| <input type="checkbox"/> Shotgun Microphone _____                                                   |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
| <input type="checkbox"/> Omni Microphone _____                                                      |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
|                                                                                                     |                                 |                | <input type="checkbox"/> <b>Editing Suite</b><br><input type="checkbox"/> Final Cut Pro<br><input type="checkbox"/> PowerPoint<br><input type="checkbox"/> Photoshop<br><input type="checkbox"/> After Effects<br><input type="checkbox"/> Soundtrack<br><input type="checkbox"/> Motion<br><input type="checkbox"/> DVD Studio Pro<br><input type="checkbox"/> ProTools<br><input type="checkbox"/> iDVD<br><input type="checkbox"/> Other: _____ | <b>Editing Suite Hours</b><br>_____  |                |
|                                                                                                     |                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                |
|                                                                                                     |                                 |                | <b>Other</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                |

I understand that I am responsible for the production and content of my project. I understand that failure to fully disclose any funding information, sources, and amounts could be grounds for suspension or termination of access privileges. I understand that reservations may be cancelled if my access membership expires and no new reservations may be made after the project end date. I will comply with BNN Access Rules and Procedures and all other relevant guidelines. All the information provided in this form is true and accurate. I will contact the appropriate department coordinator if there are any changes to information provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent or guardian if producer is under 18) \_\_\_\_\_ Date \_\_\_\_\_

|                                                             |                        |                                  |                   |
|-------------------------------------------------------------|------------------------|----------------------------------|-------------------|
| (Staff use) Approved Project Start Date: _____              |                        | Approved Project End Date: _____ |                   |
| Signed Producer Agreement & Indemnification attached? _____ |                        |                                  |                   |
| Approved by (Department Coordinator): _____                 |                        | Date: _____                      |                   |
| Origin: BNN Comm. TV _____                                  | Prod Svcs. _____       | Workshop _____                   | BNN Live _____    |
| Com Svc _____                                               | Com Part _____         | Com Parade _____                 | Other staff _____ |
| Digital Media & Education Director _____                    |                        | Date: _____                      |                   |
| Completion Date: _____                                      | Submission Date: _____ | Air Date: _____                  |                   |



**Boston  
Neighborhood  
Network**

**PRODUCER AGREEMENT & INDEMNIFICATION (Revised 6/16/08)**

I, \_\_\_\_\_, as producer of the videotape or live program, or series of programs, entitled: \_\_\_\_\_ (the "Program"), accept full responsibility for program content submitted for cablecast on the Boston Community Access and Programming Foundation, Inc. (the "Foundation") channels. I hereby agree to indemnify and hold harmless the Foundation and its officers, directors, employees and agents against all claims and liabilities of any kind, including legal fees and expenses which they or any one of them may incur as a result of, or arising out of, the production, content, cablecasting or use of the Program.

I have read and understand the "Access Rules and Procedures" of the Foundation and agree to abide by them and by other applicable guidelines of the Foundation.

I warrant and represent that the Program is for non-commercial community programming purposes and does not contain:

- 1) *Material designed to solicit funds or promote the sale of commercial products or services, including advertising by or on behalf of candidates for public office, unless in accordance with the Access Rules for sponsorship;*
- 2) *Any material which is libelous, slanderous, defamatory, obscene, indecent, or which constitutes an invasion of privacy;*
- 3) *Any material concerning games of chance, lotteries, gift enterprises or similar schemes, or which might subject the Foundation to liability for violation of any applicable laws, rules, regulations or guidelines instituted by a governmental body;*
- 4) *Any material which violates, infringes upon, or gives rise to any adverse claims with respect to any common law or right (including, without limitation, any copyright, trademark, contractual, dramatic, motion picture or literary right) of any person, firm or corporation.*

I agree that the Foundation shall have no responsibility or liability for any services, elements, or products performed or provided by any person, firm, or corporation related to the Program and the Foundation shall in no way be responsible or liable for the making of any payments to any person (including, without limitation, any union, guild, actor, director, performer or craftsman).

I shall be responsible for securing and shall secure all rights, licenses, permissions, releases, and consents (including, without limitation, all those pertaining to copyright and performance) necessary and appropriate for the producing and cablecasting of the audio-visual materials contained in the Program. I agree to provide copies or evidence of all such rights, licenses, permissions, releases and consents to the Foundation prior to the cablecast of the Program. I shall be responsible for loss of or damage to any Foundation facilities or equipment used in the production of the Program.

I agree that the Program or any program produced with Foundation facilities, equipment or van ("facilities") shall be available for Foundation cablecasting. The Foundation's rights to programming shall be non-exclusive rights shared with the producer or sponsor as applicable. The Foundation's shared rights include the perpetual right to publish and perform such program in any medium, including a right of first use. Producers cannot use Foundation facilities to carry out a private commercial project except as disclosed and authorized in accordance with Foundation rules. In the event a producer is reimbursed by a third party for any production or resulting programming, the Foundation shall have the right to compensation pursuant to Foundation rules.

I agree that neither the Foundation nor its employees shall be responsible or liable for the loss or theft of, or damage to any personal items, including, without limitation, equipment and videotapes, while in the Foundation's custody, except with respect to the Foundation's gross negligence as defined by the applicable Massachusetts law; the Foundation's liability with respect to videotapes in any case is limited to the cost of new tape stock to replace that which was lost or destroyed; and The Foundation accepts no liability due to loss or damage during shipping or mailing.

**PRODUCER** (Please Print): \_\_\_\_\_

ORGANIZATION (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Co-PRODUCER** (Please Print): \_\_\_\_\_

ORGANIZATION (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE: \_\_\_\_\_