



## PROGRAM PROPOSAL FORM

To submit a program for consideration, please complete both this *Program Proposal Form* and the *Submission Release Form*.

Mail or Email to the following address:

NHPBS Program Proposal Submissions  
268 Mast Road | Durham, NH 03824-4601  
Email: indieproducers@nhpbs.org

**This proposal will be submitted to NHPBS's Independent Production Review Committee. The committee meets quarterly and will provide you with a response within 90 days of review. Please include a link for program viewing or mail a DVD with this application.**

**Name:** Click here to enter text.

**Title:** Click here to enter text.

**Organization/Company:** Click here to enter text.

**Street Address:** Click here to enter text.

**City/Count/State/Zip:** Click here to enter text.

**Daytime Telephone:** Click here to enter text.

**Evening Telephone:** Click here to enter text.

**Email Address:** Click here to enter text.

**Program's Web Address:** Click here to enter text.

**Program viewing link and password (YouTube, Vimeo, etc.):** Click here to enter text.

**Copyright Holder Name and Contact Information:** Click here to enter text.

## PROJECT INFORMATION

**Program Title:** [Click here to enter text.](#)

**Brief Description (2-3 sentences)** [Click here to enter text.](#)

**Are you interested in:**

- Program Carriage
- National Distribution
- Co-Production
- Other (Please specify) [Click here to enter text.](#)

**Is your program completed?**

- YES
- NO

## CLOSED CAPTIONING

*According to guidelines set by the FCC, all English language programming prepared or formatted for display on television and/or online must be captioned.*

**Is your program closed-caption?**

- YES
- NO

**Do you have plans to close-caption your program?**

- YES
- NO
- Need assistance with close-captioning

**Has your program been broadcast before?**

- YES
- NO

**If so, where and when?** [Click here to enter text.](#)

**Please list all funders, companies, or individuals who financed the production:**

[Click here to enter text.](#)

## **PROGRAMMING**

*These questions will help us determine where your program fits in our broadcast schedule.*

**Program Length:**

- 26:46 (30-minute program)**
- 56:46 (60-minute program)**
- 1:26:46 (90-minute program)**
- 1:56:46 (2-hour program)**

**Interstitial or Short Length** [Click here to enter text.](#)

**Other - please describe** [Click here to enter text.](#)

**Special or Series:**

- One-Time-Only Special**
- Daily Series**
- Weekly Series**
- Ongoing**
- Limited Series**
- Number of Episodes**

**Please describe your master media format**

[Click here to enter text.](#)

**Additional information about the program and/or producer:**

[Click here to enter text.](#)