Production Proposal

Form Reset

Please read carefully both sides, print legibly & sign.

Staff Initials: _____ Date Received: _____	Date: _____	**Project#** _____

Certified Producer:	**Executive Producer:**
Certified Producer's Signature:	**Organization:**
Project Title:	**Length:** _____:_____:_____

☐ **Special** ☐ **Multiple Specials** ☐ **Bi-Weekly Series*** ☐ **Weekly Series*** ☐ **Monthly Series***
(*Series requests subject to approval)

Description of program: (Attach Production Treatment)

Description of production needs: (check all that apply)
☐ Field Camera(s) (specify below) ☐ Edit ☐ Studio ☐ Mini Studio ☐ EFP Van ☐ Portable EFP System

Production Schedule:

Start Date:	**Projected Playback Premiere Date*:**

*** Production proposals are only open for 6 months, extensions require approval from Media Service Center Staff.**

Program Subject (check one):

☐ Arts & Entertainment	☐ Environmental/Health	☐ Social/Political
☐ City Issues	☐ Growth	☐ Sports
☐ Community	☐ Inspirational	☐ State Issues
☐ Culture/Ethnic	☐ National/International	☐ Youth
☐ Education	☐ Native Hawai'i	
☐ Election	☐ Pacific Islander	

From which sector do you receive funding? (check one)
☐ Public (For private individual or group) ☐ Education ☐ Government

Origin (where you plan on doing the majority of your program):

Please choose one:

☐ Māpunapuna MSC ☐ Kāne'ohe MSC ☐ Kaimukī MSC

☐ Wahiawā MSC ☐ Nānākuli MSC ☐ Waipahu MSC

☐ Studio@Capitol

Executive Producer contact:

(Day) _____

(Evening) _____

(Cell) _____

(E-mail) _____

Financial Sponsor(s): ☐ Budget attached

Do you plan to make this program available on 'ŌleloNet, our internet Video on Demand service?
☐ Yes ☐ No

Production Treatment

PRODUCER: (`Ōlelo Certified)_____ PROGRAM LENGTH: _____

PROGRAM TITLE: (max 20 characters, including spaces) _____

TARGET AUDIENCE:_____

_____

PROGRAM DESCRIPTION: _____

_____

_____

_____

PROGRAM GOAL: _____

_____

_____

_____

PROPOSED TECHNICAL REQUIREMENTS: (Estimate the number of camera reservations, studio reservations, EFP reservations, edit sessions and any other requirements)

_____

_____

_____

PROPOSED PRODUCTION SITES: _____

_____

PROPOSED CREW REQUIREMENTS: _____

_____

Submit with Production Proposal to a MSC Staff Member for Approval - Sample attached

PRODUCTION TREATMENT (Sample)

PRODUCER: (Olelo Certified): *Angela Angel*

PROGRAM LENGTH: *monthly 30 minute program*

PROGRAM TITLE: *Can We Talk? © copyright 2014*

TARGET AUDIENCE: *Intermediate and High School students on O'ahu between ages 12 and 18.*

PROGRAM DESCRIPTION:

Students from two featured schools raise 3 issues of concern, exchange opinions and advice, then troubleshoot solutions. Questions and viewpoints come directly from the teens. Issues are periodically addressed by professionals with facts, statistics and emphatic advice. Program is presented in a fast-paced, MTV-style with some dramatizations.

PROGRAM GOAL:

Give teens helpful information so that they can make choices that lead to safer, healthier, happier lifestyles.

PROPOSED TECHNICAL REQUIREMENTS: (Estimate the number of camera reservations, studio reservations, EFP reservations, edit sessions and any other requirements)

Remote field production at two school campuses monthly (shoot approx. 60 min. of student interviews), 2 location shoots at professionals' business offices (shoot stats and other support material), 6 hours to build graphics, 12 hours editing time per program. Will need to coordinate with school advisors for selection of students. Standard opening montage footage (high school life) to be produced separately.

PROPOSED PRODUCTION SITE: *Schools and Businesses*

PROPOSED CREW REQUIREMENTS: *Remote Locations: Producer, Camera and Talent (Host)*

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