



LIVE AND ADVANCE AIRDATE REQUEST

Media File Name: _____

- 1) **Project Title:** _____ 2) **Project #:** _____
- 3) **Episode Title (120 character limit):** _____
- 4) **Episode Description (120 character limit):** _____

Please give a description for programs longer than 15 minutes. Mandatory for all VOD Requests. Descriptions will also appear in TV listings.

- 5) **From which sector do you receive Funding? (Check ONE)**
 Public (For a private individual or group) Education (For Educational entities) Government (For Government agencies)

- 6) **This program was created: (Check ONE)**
 Māpunapuna MSC Kaimukī MSC Wahiawā MSC Nānākuli MSC Waipahu MSC
 Kāne'ohe MSC Studio@Capitol Neighbor Island O'ahu (No `Ōlelo equipment used) Out-of- State

- 7) **Local/Non-Local: (Check ONE)** Local (at least 50% of content recorded on O'ahu) Non-Local

- 8) **Subject: (Check ONE)**
- | | | |
|---|--|---|
| <input type="checkbox"/> Arts/Entertainment | <input type="checkbox"/> City Issues | <input type="checkbox"/> Community |
| <input type="checkbox"/> Cultural/Ethnic | <input type="checkbox"/> Education | <input type="checkbox"/> Election |
| <input type="checkbox"/> Environmental/Health | <input type="checkbox"/> Growth | <input type="checkbox"/> Inspirational |
| <input type="checkbox"/> National/International | <input type="checkbox"/> Native Hawaii | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Social/Political | <input type="checkbox"/> Sports | <input type="checkbox"/> State Issues |
| | | <input type="checkbox"/> Youth |

9) **Would you like this locally-created program more than 5 minutes in length made available on:**

'ŌleloNet Video On Demand (Internet)
 Yes No

'Ōlelo Video On Demand (Spectrum Cable)
 Yes No

*One Spectrum Cable VOD Program per Project.
 Programs with incomplete submission information will not appear on VOD.*

- 10) **Adult Content:** No Yes
 (Contains graphic violence, sexual content or profanity)

- 11) **Length:** _____ : _____ : _____ **12) Date to End Airing** _____ / _____ / _____
 Hr Min Sec (Date episode content expires. If no date is given, episode will stop airing in 6 months)

13) **Advanced or Live Airdate Request**
 Media will be delivered by (date) _____ / _____ / _____
 Live Date _____ / _____ / _____ and Start/End Times: _____ / _____

- 14) **Scheduling Preference:**
 Four weeks out
 Earliest available airtime
 (Airdates scheduled sooner than four weeks out will not appear in TV listings.)

- 15) **Time-Sensitive:** (Must be aired within a specific time frame to be relevant. Program will stop airing after that date.)
 No Yes (If yes, give date when program should stop airing with explanation.) _____ / _____ / _____

Name of Producer/Presenter (Print): _____ Signature: _____

Name of Parent/Legal Guardian (Print): _____ Signature: _____

Copyright Holder (Print): _____ Signature: _____

Home _____ Office _____ Fax _____ Cell: _____ Email _____

Please inform a Media Services Associate when your contact information has changed. Visit olelo.org/programs for info on file submission requirements and olelo.org/forms to review a copy of the Client Services Agreement. See back page for more submission info.

Staff Initials: _____
 Date Received: _____

Please put all Media File Names in this format: SP 54321 My Show 2830

Program Type(space)ProjectNumber(space)Episode Title(space)TotalRunningTime

Program Type SP = Special (non-series) program more than 15 minutes in length PS = Public Service Announcement, usually less than 2 minutes PR = Promo, to promote a program or a non-commercial event, any length less than 15 minutes ST = Short Take, any program not a PSA or a Promo, less than 15 minutes in length SE = Series (Please use the Series Request Form to obtain a regular series time slot)	Project Number Your 'Ōlelo Project Number. If you don't know this number, please check with an 'Ōlelo staff member.
	Episode Title The title corresponding to a unique episode of your Project
	Total Running Time (TRT) The length of your show without colons or commas e.g., 1 hour, 25 minutes, 18 seconds should be written as 12518

MEDIA INFO LABEL

<i>Complete Media File Name for all submissions. Include an Episode Title and Description for each program longer than 15 minutes and all eligible VOD Requests. Submittals must match overall Facil Project info.</i>		First Air	'Ōlelo Net (Internet)	'Ōlelo VOD (Cable TV)	Scheduling Preference	Cablecast Dates
Media File Name [Ex. SP 54321 Episode Title 2830]		Yes	Yes	Yes	Series Timeslot 4 Weeks Out Earliest Available Advance Airdates Time Sensitive (Give Stop Airing Date)	
		No	No	No		
Producer Name <i>MSC Rec'd Date & Initials:</i>		Adult	Local (>50%)	<i>Local</i>	_____	
		Yes	Yes	<i>Specials</i>		
		No	No	>5 minutes		

Episode Description (120 character limit. Please give a description for programs longer than 5 minutes. *Mandatory for all VOD.*)



SP = Special SE = Series PS = PSA PR = Promo ST = Short Take

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