



Manhattan Neighborhood Network

Project Request Form

Please check one. I am completing this form because:

- I have completed a certification course and want to receive a Project ID so I may use MNN's equipment and/or facilities to create a single project. **Important Note:** Once active, Project ID is valid for 3 months.
- I want to upload pre-produced programming to air on MNN.

Producer Name: _____ Member ID (if applicable): _____
 Project Title: _____ Date: _____
 Residence Address (no P.O. boxes): _____
 Telephone Number(s): _____
 Email Address: _____

Type of Producer:	<input type="checkbox"/> Non-Certified (uses own equipment)	<input type="checkbox"/> Certified (uses MNN facilities)
Type of Project:	<input type="checkbox"/> Field <input type="checkbox"/> Studio	<input type="checkbox"/> Combination
Length of Project:	<input type="checkbox"/> 28 minutes <input type="checkbox"/> 58 minutes	<input type="checkbox"/> Other

Give a brief description of your project, including its purpose, its intended audience and how you intend to promote the project.

I agree, as condition of the cablecast, to indemnify and hold harmless Time Warner NY Cable LLC, RCN Telecomm Services of New York, Inc., Verizon NY Inc, Manhattan Community Access Corporation d/b/a Manhattan Neighborhood Network or their respective directors, officers, employees and agents from all loss, liability and damage, including attorney costs, arising out of or caused by the cablecast of my program, including, but not limited to, libel, slander, indecency, obscenity, invasion of privacy or public rights, unauthorized use of copyright material or non-compliance with, or in violation of, any applicable local, state or federal laws, rules or regulations. I acknowledge that I have read and understand MNN Programming Policies and Community Standards online at <http://www.mnn.org/policies>. As specified in these policies, I understand that I am responsible for my program content and my personal conduct while using MNN facilities, equipment and services and that I may be subject to disciplinary action up to and including suspension for violating MNN policies.

Signature _____ Print Name: _____

Internal Use Only

Date: _____ Received by: _____ Project ID: _____
 Project Status: Active Complete Completed by: _____

Confirmation Receipt

Project Title: _____ Received by: _____
 Today's Date: _____ Notes: _____