

**GACAA MASS MEDIA AWARD TELEVISION**

Name of Station \_\_\_\_\_ Address \_\_\_\_\_ Manager \_\_\_\_\_  
\_\_\_\_\_ Your Contact \_\_\_\_\_

1. How much coverage does your station give to Extension projects in these areas?

A. Spot Announcements

(1) Public Service Announcements: Number per month \_\_\_\_\_ Time of Day \_\_\_\_\_

(1) Station Support of County Program: Number per month \_\_\_\_\_ Time of Day \_\_\_\_\_

A. News Programs Number per month \_\_\_\_\_ Time of Day \_\_\_\_\_

C. Local Extension Feature Programs Number per month \_\_\_\_\_ Time of Day \_\_\_\_\_

D. Special "Talk Shows" - Extension Participation (July 1 - June 30)

Number per month \_\_\_\_\_ Time of Day \_\_\_\_\_

D. Estimated total amount of air time for Extension Programs per year \_\_\_\_\_

2. In 200 words or less, tell why the T.V. station being nominated should receive the GACAA Award. You might want to include a specific example of how this station has supported your Extension program. (Use another sheet if necessary.)

Your Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_

**DUE DATE: September 15, 2011**

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