

ANNUAL COMMUNITY ACCESS PROVIDER REPORT

Cable Franchise Operator

Name of Cable Operator: _____

Address: _____

Telephone: _____

Towns Served: _____

Contact Person: _____ Telephone: _____

Access Provider

Name of Access Provider: _____

Address: _____

Telephone: _____

Towns Served: _____

Access Contact Person: _____ Telephone: _____

Person responsible for filing this Community Access Report: _____

Period covered by this report: _____

**PUBLIC UTILITIES AUTHORITY
ANNUAL COMMUNITY ACCESS REPORT**

An annual community access report is required for each access facility. List each facility and identify the entity responsible for managing its operations (facility includes access operations with studio(s), edit suite(s), etc.):

<u>Name of Facility</u>	<u>Location (Town)</u>	<u>Contact Person/Tel. No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of access facility (include square footage, attach a simple facility diagram):

List the weekday and weekend access facility hours of operation (access hours available to public): _____

Is facility handicap accessible? Yes No

Soundproofed? Yes No

Approx. studio ceiling height: _____

Does the access facility utilize a mobile production van? Yes No

If yes, explain how often the van is used for access (% of time) and the type of programming generated.

NOTE: costs associated with the mobile van must be detailed on p. 5

Attach a copy of the Company's/Organization's current operating policies, rules and procedures clearly indicating the effective date.

Attach an organizational chart for the access facility covered by this report.

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PUBLIC ACCESS CHANNEL(S)

Channel #: _____ Point of origination: _____

Average hours tape/live programming per week: _____
Average hours of character generated per week: _____
Total number of programs produced annually at this facility: _____
Total number of programs broadcast, but produced elsewhere: _____
Approximate percentage of repeat programs: _____

EDUCATIONAL ACCESS CHANNEL(S)

Channel #: _____ Point of origination: _____

Average hours tape/live programming per week: _____
Average hours of character generated per week: _____
Total number of programs produced annually at this facility: _____
Total number of programs broadcast, but produced elsewhere: _____
Approximate percentage of repeat programs: _____

GOVERNMENTAL ACCESS CHANNEL(S)

Channel #: _____ Point of origination: _____

Average hours tape/live programming per week: _____
Average hours of character generated per week: _____
Total number of programs produced annually at this facility: _____
Total number of programs broadcast, but produced elsewhere: _____
Approximate percentage of repeat programs: _____

List and describe each town-specific channel covered by this report:

List and describe all other types of programming broadcast on each access channel:

NOTE: Records of cablecast logs must be maintained by access operator and kept on hand for a minimum of 3 years. Do not include copies of said logs with this report; the Department will request copies if deemed necessary.

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Number of full-time employees dedicated to access: _____

Title	Annual Wages allocated to community access	Years of Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of part-time employees dedicated to access: _____

Title	Annual Wages allocated to community access	Years of Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List below all other employee salaries allocated to access

Title	Annual Wages allocated to access	Years of Experience	Allocation Method
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accounting information below provided for period beginning/ending: _____/_____

Annual financial community access support required by franchise agreement and/or otherwise committed to by cable operator: _____

<u>Revenue/Income</u>	<u>Actual</u>	<u>Forecast</u>
Contributions	_____	_____
Grants	_____	_____

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Dues	_____	_____
Fundraising	_____	_____
Interest Income	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

TOTAL REVENUE/INCOME _____

<u>Expenses</u>		
Salaries & Wages	_____	_____
Payroll Taxes	_____	_____
Employee Benefits	_____	_____
Accounting Fees	_____	_____
Legal Fees	_____	_____
Supplies	_____	_____
Telephone/Utilities	_____	_____
Postage	_____	_____
Rent	_____	_____
Equipment Rental/Repair	_____	_____
Printing/Advertising	_____	_____
Travel	_____	_____
Depreciation	_____	_____
Insurance	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

TOTAL EXPENSES _____

NOTE: Cable operators must attach worksheets supporting the derivation of each expense allocation.

NOTE: Not-For-Profits must enclose most recent Form 990 or Form 990-EZ.

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Subscriber Check-Off System:

No. of Donors: _____
Total \$/year: _____

Monetary Contributions: (attach list of details)

No. of Donors: _____
Total \$/year: _____

In-Kind Contributions: (attach list of details)

No. of Donors: _____
Estimated \$/year: _____

Grants: (attach list of details)

No. of Grants: _____
Estimated \$/year: _____

Promotion & Outreach

Number

COMMENTS

Speaking Engagements	_____	_____
Video Promotions	_____	_____
Print Material		
Newspapers	_____	_____
Program Guide	_____	_____
Brochures	_____	_____
Bill Inserts	_____	_____
Radio Announcements	_____	_____
Open Houses	_____	_____
Tours	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

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Training

How often is training offered? Briefly describe the training program:

Workshop Description: _____
(attach any additional information)

<u>Date Start/End</u>	<u>Total Hours</u>	<u>Number of Participants</u>	<u>Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and qualifications of the instructor(s):

Describe all procedures used to solicit feedback on the training program (attach any letter/survey mailed to trainees):

How many users completed training workshops during this reporting period? _____

Approximate number of regular studio users/yearly: _____
Approximate number of regular edit suite users/yearly: _____
Approximate number of other users/yearly (describe): _____

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ATTACHMENTS: (Items must be enclosed and numbered as indicated below, and indicated if not applicable)

1. Diagram of access facility (p. 2)
2. Current operating rules, policies and procedures (p. 2)
3. Organizational chart (p. 2)
4. Worksheets supporting cable operator accounting for access allocations (p. 5)
5. Not-For-Profit's most recent Form 990 or Form 990-EZ (p. 5)
6. Detailed description of loans, including repayment terms
7. List detailing grants and contributions (pp. 5 & 6)
8. Additional training workshop descriptions (if needed) (p. 7)

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Statement of Funding Policy

To avoid any issues regarding the management of community access funds, the Authority has determined that more than one person should be designated to administer and disburse funds

The Authority requests that each community access facility that submits an annual report respond to the following as part of its required reporting.

FUNDING POLICY

Yes No We have implemented a funding policy where more than one person must sign off on dispersing funds greater than \$_____ .

Or

We don't have a funding policy in place yet, but we plan to implement a "more than one person" signature policy no later than _____ , 2016.

(Print Name & Title)

are authorized to sign off on funding, and ____ (Number) are required to release funds.

** (this form can be submitted as a supplement any time the policy changes)*

**** Attach any additional funding policy**