



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 _____

(2) 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 Number per month _____ Time of Day _____

E. 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.)

Note: Include information only for the period (July 1- June 30).

Your Name _____

Title _____

County _____

DUE DATE: September 15

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