

**TO: ALL COUNTY PERSONNEL**  
**FROM: ROBERT WEISMAN**  
**COUNTY ADMINISTRATOR**  
**PREPARED BY: PUBLIC AFFAIRS DEPARTMENT, CHANNEL 20**  
**SUBJECT: CHANNEL 20 PROGRAMMING PROCEDURE**  
**PPM #: CW-O-055**

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**ISSUE DATE**  
**January 16, 2015**

**EFFECTIVE DATE**  
**January 16, 2015**

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**PURPOSE:**

To establish procedures for Public Affairs/Channel 20 staff in the selection of programming to be telecast on County Channel 20.

**UPDATES:**

Future updates to this PPM are the responsibility of the Director of Public Affairs.

**AUTHORITY:**

General Policies and Guidelines for County Channel 20, PPM# CW-O-050.

**PROCEDURES:**

**A. Submission of Programming**

Any individual desiring to submit a program for telecast on Channel 20 is to complete a "Program Information" form available from Channel 20, a sample of which is attached as Exhibit "A." A digital media file, digital videotape or DVD meeting Channel 20's format shall be delivered with the completed form to:

Palm Beach County PBC TV Channel 20  
301 N. Olive Avenue, Suite 1001.14  
West Palm Beach, FL 33401

**B. Programming Selection**

The Director of Public Affairs and/or his/her designee will determine the suitability of outside programming for telecast on County Channel 20. The Director of Public Affairs or his/her designee shall review program submissions as needed.

**C. Selection Tools**

The Director of Public Affairs or his/her designee shall use the guidelines for selection listed in the General Policies and Guidelines For Channel 20 Policy, PPM# CW-0-050.

**D. Program Review/Acceptance, Rejection**

All programming shall be objectively viewed by the Director of Public Affairs or his/her designee to determine suitability for telecast on Channel 20. The reviewing party may meet with the individual submitting the program to discuss the content and format of the program.

If the program meets the criteria set forth in the General Policies and Guidelines For Channel 20 Policy and the objectives outlined in the Programming Policies and Guidelines, it will be accepted for inclusion in Channel 20's program library. Telecast of any program shall be on a space-available basis at the discretion of the Station Manager, taking into consideration time, space, resource availability, and the programming goals as set forth by the Director of Public Affairs.

If the program is determined to be unsuitable and inappropriate for telecast based on the objective guidelines, the digital media file, digital videotape or DVD material may be returned to the sender along with a written reason for the decision and, where appropriate, offering assistance in making revisions necessary to qualify same for inclusion.



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**ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**Supersession History:**

1. PPM# CW-O-055, dated 11/1/93
2. PPM# CW-O-055, dated 12/22/2009

**EXHIBIT A**

**COUNTY CHANNEL 20  
PALM BEACH COUNTY, FLORIDA**

**PROGRAM INFORMATION**

The following information is requested in order to expedite the program selection process.

**Program Title:** \_\_\_\_\_

**Total Running Time:** \_\_\_\_\_

**Producer:** \_\_\_\_\_ **City or County:** \_\_\_\_\_

**Phone Number (home)** \_\_\_\_\_ **Phone Number (work)** \_\_\_\_\_

**Briefly describe your program.** Include topic, names and titles of people who appear on the program:

\_\_\_\_\_

**Type of format:** (talk show, documentary, panel discussion, etc.) \_\_\_\_\_

**This program should be classified as:** (circle one only) \*Public Affairs \*News \*Informational \*Educational \*Fine/ Performing Art \*Sports /Health/ Fitness

**Target Audience:** (circle all that apply) \*children \*teenagers \*adults\*senior citizens \*minorities \*other:

May this program or copies of it be archived for unrestricted replay or circulated for nonprofit use?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Please read and sign the following agreement:**

I hereby agree to indemnify and hold harmless Palm Beach County and its officers, directors, employees, and agents from liability or legal fees and expenses incurred as a result of telecasting this program. I shall adhere to all Palm Beach County policies and procedures and all laws, rules and regulations. I have obtained releases, licenses, and other permissions including, but not limited to, full copyright authorization, with respect to the program. Further, I agree to release Palm Beach County and its employees from responsibility if this program is damaged, lost or stolen while in their custody.

Print Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

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**Staff use only:**

Date Proposal received: \_\_\_\_\_ Proposal accepted: \_\_\_\_\_

Proposal rejected: \_\_\_\_\_