

## TELEVISION COVERAGE REPORT

Grantee Organization:	Grant number:
<input type="checkbox"/> One-year grant <input type="checkbox"/> Two-year grant, year one <input type="checkbox"/> Two-year grant, year two (report on year two only)	

*Please do not include paid advertisements. Additional copies of this form can be downloaded at [www.philadelphiamusicproject.org](http://www.philadelphiamusicproject.org). Please do not create your own version of this form.*

**Coverage Item Number:**

Event/Artist(s) Covered:		Event date:
Name of Station:	Name of Program:	Date of Broadcast:
Type of Coverage: <input type="checkbox"/> Broadcast (e.g., live concert) <input type="checkbox"/> Feature (e.g., music with reporting) <input type="checkbox"/> Mention		
Range of Station or Program (whichever is greater): <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International		

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