

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. 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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