

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/reportingforms.php. Please do not create your own version of this form.

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

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

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

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

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

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

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