Name of station ………………………………………………………………………………………………………………………………….

Program name …………………………………………………………………………………………………………………………………...

Language/s spoken during the program …………………………………………………………………………………………..…

Day and time broadcast …………………………………………………………………………………………………………….……….

Name of program producer/convenor ……………………………………………………………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Item detail** | **Cost per item $** | **Number of items** | **Total cost $**  ***(cost per item x number of items)*** |
| Operations | | | | |
| Broadcasters’ meeting expenses |  |  |  |  |
| Contributor fees |  |  |  |  |
| Music |  |  |  |  |
| Phone/internet |  |  |  |  |
| Research materials |  |  |  |  |
| Marketing | | | | |
| Program website |  |  |  |  |
| Program marketing |  |  |  |  |
| Equipment | | | | |
| Headphones |  |  |  |  |
| Recording equipment |  |  |  |  |
| Other small equipment |  |  |  |  |
| Other | | | | |
| Local travel |  |  |  |  |
| Subscriptions/new sources |  |  |  |  |
| Conference registration |  |  |  |  |
|  |  |  |  |  |

*I agree for the station to apply for a CBF Content grant (Specialist Radio Programming) for the above items on behalf of my program group.*

Signature of program producer/convenor …………………………………………………………………………… Date………………………

Items requested to be funded by CBF Content (Specialist Radio Programming) Grant - Ethnic template  
Version 2, June 2018