Rule 8 Annual Report for Vermont Access Management Organizations

Version 2.2 - November, 2010

Reporting Deadlines

Vermont Access Management Organizations are expected to complete and submit their annual report within 120 days of the end of their fiscal year. If you need an extension please contact the Department of Public Service and your cable operator(s) prior to the date on which the report is due.

Instructions

Annual Report Instructions for Vermont Access Management Organizations can be found at: www.vermontaccess.net/reporting

Additional Information

Please attach additional information as necessary.

Points of Contact

It is required that the Access Management Organization send a paper copy to:

- Vermont Public Service Board Clerk of the Board 112 State Street Montpelier, VT 05620-2701
- Vermont Department of Public Service Susan Martin 112 State Street Montpelier, VT 05620-2601
- Vermont Access Network PO Box 4041 Burlington, VT 05406-4041
- Cable operator contacts: See your contract for contact information.

Reporting Date (Date Fiscal Year Ends)
1. Organization Name & Address
egal Name/ Corporate Name
Doing Business As" (d/b/a) Name
Mailing Address
ocation Address (if different than Mailing Address)
Veb Site Address



2. Contact Information

2a. Individual	Completing this For	m 2b. Executive	2b. Executive Director/ CEO			
Name		Name				
Position		Phone				
Phone Number		Fax Number				
Fax Number		Email Address				
Email Address						
3. Corpora						
		organization?	O Yes O No			
		munities Served	nt? O Yes O No			
Service Territories	Name of Cable Operator	Communities Served	Changes from Previous Year			
Service Territory 1						
Service Territory 2						
Service Territory 3						



5. Current PEG Capacity & Applications – 8.422(B)

5a. Channel(s) by Cable Operator(s)

Name of Cable Operator #1		Name of Cable Opera	ator #2
Channel Number (Call Letters/ Name)	Type of Access (Public, Educational, Govt.)	Channel Number	Type of Access (Public, Educational, Govt.)
(Call Letters/ Name)	(Public, Educational, Govi.)	(Call Letters/ Name)	(Public, Educational, Govi.)
	1		
5b. Additional App	lication(s) – 8.404(B)		
Describe Additional Application		able operator has dedicated	d system capacity or facilities in a ers.
Describe Additional Application	on(s) the AMO uses that the ca	able operator has dedicated	
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6. Outreach Strategies – 8.422(C)

6a. Outreach Activity Summary

Activity Frequency (e.g., per month/							
		year/ongoing)	1-50	51-150	151-500	501-1000	1000+
Ori	entation Workshops		0	0	0	0	0
On	e-on-One		0	0	0	0	0
	mmunity Events (Open Houses, Irs, Public Presentations)		0	0	0	0	0
Nev	wsletters (E-News, Mailed)		0	0	0	0	0
Bill	Stuffers		0	0	0	0	0
Αd\	vertisement (Print, Radio, TV)		0	0	0	0	0
PEG Channel (Programming, CBB, PSA)			0	0	0	0	0
Internet (Website, Blog, Listserve, Social Networks)			0	0	0	0	0
pecify)			0	0	0	0	0
Other (Specify)			0	0	0	0	0
			0	0	0	0	0
			0	0	0	0	0
			0	0	0	0	0
			0	0	0	0	0
			0	0	0	0	0
			0	0	0	0	0



6b. Additional Information

Provide additional information (if any) in narrative form.					

7. Training Delivery – 8.422(C)

7a. Training Delivery Summary

Please summarize the training delivery of the AMO for the year of this report.

Act	ivity	Numbers Served
On	e-on-One Training & Support	
Wo	rkshops	
Ca	mps	
Other (Describe)		



7b. Additional Information

Provide additional inform	Provide additional information (if needed) in narrative form.				

8. Programming Data – 8.422(C)

8a. Programming Information

Please provide annual data for the following.

Type of Programming	Number of Programs			Number of Hours (Non-Repeat)		
	Ch	Ch	Ch	Ch	Ch	Ch
Locally Produced Programming						
Imported from Vermont AMOs or Vermont Sources						
Imported from Other Sources						
Total, All (First Run, Non-Repeat Programming)						

8b. Remote Origination Sites – 8.422(C)

Please describe the remote origination sites used by the AMO and type of programming (PEG).

Location of Site (Street Address)	Frequency of Use (Specify "per month" or "per year")	Number of Programs Cablecast from Site	Type of Usage (e.g., Public, Educational, Govt.)	Cable Operator (System Hosting Site)



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Provide Additional Information (if needed) in narrative form. 9. Complaint Tracking – 8.422(D) Details of complaints and how the AMO responded to them. 9a. Complaints & Current Status
Details of complaints and how the AMO responded to them.
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9a. Complaints & Current Status
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Summarize complaints and current status.



10. Facilities Summary/ Description of Facilities – 8.422(E)

10a. Depreciation Schedule

Attach your Depreciation Schedule from your IRS Form 990 (long form) or your Fixed Asset Schedule.

10b. Changes in Equipment Inventory/ General Statement of Improvements

escribe generally major changes in equipment inventory from reporting year (general statement of improvements).	

11. Organizational Leadership/Roster of Key Staff & Board – 8.422(F)

11a. Key Staff

Position	Name



11b. Current Board Members

Name	Phone Number/ Email Address	Community Affiliation (if stated)

12. Changes in Organizational Structure – 8.422(G)

etail any significant changes in organizational structure that occurred during the year. (e.g., bylaws, governance details, orporate form, etc.)



13. Planning Considerations – 8.422(K)

years. Include plans to offe	d expectations for how community needs will be identified and met for current and future r new programs or services in the next 3 years, how those relate to your community's new ss you used to identify those needs and interests.	
	ring attention of the cable operator or the Vermont Department of Public Service.	
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15. Financial Documents – 8.442(H), 8.442(I), 8.442(M)

15a. AMO Revenue Report – 8.422

The report shall also distinguish between funds provided by the operator as PEG funding and funds obtained from other sources.

Describe the revenue sources the AMO relies upon to support its services. (Other Sources of support may include memberships, paid services, interest income, fundraising activities such as grants, annual campaigns, capital campaigns and Non-PEG Services.)

Cable Operator F	unds	Other Revenue S	Sources		Total Revenue	
Cable Operator 1	Cable Operator 2					
\$	\$	\$	\$	\$	\$	\$

15b. AMO Expense Report - 8.422

The report shall clearly distinguish between expenditures that support production and distribution of PEG content to cable television subscribers, and expenditures for other purposes not related to the production and distribution of PEG content to cable television subscribers, if any. **List expenses as they apply to each of the AMO's PEG and Non-PEG services.**

AMO Services		Operating Expenses	Capital Expenses	Total Expenses
PEG Services		\$	\$	\$
Services		\$	\$	\$
Non-PEG Se		\$	\$	\$
		\$	\$	\$
Total PEG & Non-PEG Expenses		\$	\$	\$

15c. Statement of Cable Operator Funds – 8.422(H)

A statement of total operating and capital funding received from the operator(s) and whether any funds were carried forward from the prior year.

Funds	Totals
Amount Carried Forward at Prior Year	\$
Total of Operating Funds Received from the Cable Operator in Fiscal Year	\$
Total of Capital Funds Received from the Cable Operator in Fiscal Year	\$



Attach hard copies of the following financial documentation:

- a. Income/Expense Statement (a.k.a., Profit & Loss Statement) for reporting year
- b. Balance Sheet on the final day of reporting year (listing assets and liabilities)
- c. Current year Operating and Capital Budgets
- d. Annual Tax Return (If necessary, filed as addendum to report 30 days after filed with IRS)
- e. Audits and Financial Reviews prepared during reporting year (if any)

Statement of Certification

[(p	rint/type name) hereby certify that
	(name of AMO)
is a non-profit organization in good standing with the S maintains the following documents on our premises wh	State of Vermont, (i.e. timely filed nonprofit biennial reports), hich are available to the public upon request.
Bylaws or other governing documents	
 Rules and operating procedures 	
 Complaint and dispute resolution procedures 	
 Contract(s) with Cable Operator(s) 	
Evidence of conducting meetings consistent with	Open Meeting Law
Signature	Witness Name (Print/Type)
Date	Witness Signature

