

# EVANSTON ACCESS TV

CHANNEL

6

## GUIDE FOR NEW MEMBERS

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## WHO WE ARE

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Evanston Access TV is a publicly funded cable channel. Our primary goal is to empower individuals and groups in the community to produce programs by, for, and about the community of Evanston. Evanston Access TV is a submission-only public access station, and airtime on Comcast Channel 6 (AT&T Channel 99), with the sole purpose of airing programming for Channel 6, produced by Evanston residents.

## MEMBERSHIP

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Membership is free and exclusively for Evanston residents (Zip codes 60201 and 60202). To become a member, residents must request an appointment time via an email to [channel6@cityofevanston.org](mailto:channel6@cityofevanston.org). Appointments will be held at our office, 2100 Ridge Ave., Evanston. Our office is located on the 4th floor, room 4803. All applicants must bring proof of residency (e.g., current utility bill) and a valid state-issued ID. Applicants must also fill out and sign a membership form that will be provided by City staff.

### **Non-residents:**

If you do not live in the City of Evanston and wish to broadcast your show on Channel 6, you must send an email to [channel6@cityofevanston.org](mailto:channel6@cityofevanston.org) requesting airtime. City staff will review your request, and may or may not grant you airtime depending on your content's relevancy to the Evanston community.

All members must comply with the rules presented in this document. Members who do not comply with these rules may have their membership suspended or permanently revoked.

### **Age restrictions:**

Although there is no minimum age restriction for membership, residents under the age of 18 years must have a Parental/Guardian Consent and Financial Liability Form on file.

# PROGRAM SUBMISSION

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## Rules for program submissions:

- 1) You must own the rights to the content you are submitting. You are responsible for the content of your show, and you will be held liable for it.
- 2) Schedule is updated once a week (ON THURSDAYS). We cannot process same-day submissions; if you need your show aired within a week of your submission, you must upload your video file and send us an email by 12pm on Tuesday.
- 3) Airtimes are ultimately managed by City staff. We will try to accommodate the airtime and date requested, but it is not guaranteed, and it may change without notice.
- 4) Your show may be aired up to two times a week for two consecutive weeks. Evanston Access TV staff reserves the right to increase the playback frequency of shows to fill any empty spaces in the schedule. All shows submitted by members must be aired for at least two consecutive weeks, before a new show/episode can be scheduled to be aired on Channel 6.
- 5) Videos submitted for playback on Evanston Access TV cannot have commercial content. This includes commercial website addresses, any calls to action for ticket sales, and/or the marketing of events that require admittance fees. If City staff identifies any commercial content, the video file will not be aired and a penalty will be applied (see page three for more details).
- 6) Channel 6 follows the FCC guidelines for content airtime and restrictions.
- 7) Video files submitted with extreme audio or video issues (e.g., very low/high audio levels, absence of the audio channel, video levels that are too high/low, a wide video at 16:9 aspect ratio, or a wide video at 16:9 aspect ratio squeezed at 4:3 aspect ratio) can damage our broadcast equipment and will not be aired.

## 3 easy steps for submitting your shows to Channel 6:

Note: You will need a free Google Drive account in order to send us your videos

- 1) **CREATE A FOLDER** in your Google Drive account and **share** it with [channel6@cityofevanston.org](mailto:channel6@cityofevanston.org). Make sure the folder name is **your name**.
- 2) **UPLOAD** your video file to your Google Drive account (Put it in the folder you created to share with us)
- 3) **LET US KNOW** your show is there by sending an email to [channel6@cityofevanston.org](mailto:channel6@cityofevanston.org) that includes your name, your address, your phone number, the name of your show, the name to be displayed in the lineup (up to 31 characters, including spaces and punctuation), and the days and times you would like it to be aired.

Once you have created and shared your Google Drive folder with us, you only need to repeat steps 2 and 3 for future submissions. Make sure your videos are always uploaded to the same folder.

# SPECS REQUIRED FOR VIDEO SUBMISSION:

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**Codec:** Mpeg2

**Field Order:** "Progressive"

**Screen size:** 720x480

**Aspect ratio:** 4:3

**Pixel aspect ratio:** (NTSC) 0.9091

**Frame rate:** 29.97

**Video bitrate:** Min 4Mbps – Max 8Mbps (if you exceed 8Mbps, the video will not play)

**Video (RGB Parade):** For best results, please do not exceed 85%

**Audio channels:** Stereo

**Audio bitrate:** Minimum of 192Kbps (ideal 384Mbps)

**Audio levels:** Average -8dB and Peak -6dB

If you produce a video in widescreen, the rendered video for submission must either be cropped to 4:3 aspect ratio, or rendered using 4:3 aspect ratio with letterbox.

We cannot process DVDs.

## PENALTIES

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IF YOU:	PENALTY (FIRST STRIKE)	PENALTY (ADDITIONAL STRIKES)
Submit a show you do not have the rights to air	Membership is suspended for 30 days	Membership is suspended for 6 months
Submit a show with commercial content	Membership is suspended for 30 days	Membership is suspended for 6 months
Represent yourself or anyone from your crew as an agent, employee, or representative of Evanston Access TV or the City of Evanston	Membership is suspended for 1 year	Membership is revoked permanently
Use profane or disruptive language or behavior, in the Morton Civic Center.	Member is asked to leave the Morton Civic Center, membership is suspended for up to 1 year, and Law enforcement may be called	Law enforcement will be called, and membership will be permanently revoked

# MEMBERSHIP FORM

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## Membership Terms:

Membership to Evanston Access TV is free and exclusive to Evanston residents (Zip codes 60201 and 60202). All members must provide proof of residency (e.g., current utility bill), and a valid state-issued ID when applying for a membership. Evanston Access TV staff will keep a copy of your documents on file, and will ask for updated proof of residency when renewing your membership or whenever staff finds it necessary. Our days and times of operation are stated on our webpage, [cityofevanston.org/channel6](http://cityofevanston.org/channel6), along with additional information for members. Hours of operations may change without notice. All memberships expire at the end of the calendar year, and must be renewed as soon as Evanston Access TV resumes its operations after January 1<sup>st</sup>. Information will be available at [cityofevanston.org/channel6](http://cityofevanston.org/channel6), and will be available upon request via an email to [channel6@cityofevanston.org](mailto:channel6@cityofevanston.org).

## Membership Agreement:

I, the undersigned, certify that I read, understand and agree to the rules and conditions of my membership presented in this six-page document. I also agree that I am liable for the content of all audiovisual material that I submit to the City of Evanston for playback on Channel 6. I also understand and agree that if I do not comply with the rules presented in this three-page document, the City of Evanston will enforce penalties as described on page 3 of this document, and may take other additional legal actions if I break any Municipal, State or Federal laws while using the Evanston Access TV channel.

## Member Information:

**EXPIRATION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

State ID or Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



APPENDIX 1

CONSENT OF RESPONSIBLE ADULT FOR MINOR

Member Information:

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Minor: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ am the responsible adult registering the following minor for airtime use at Evanston Access TV Channel 6. I assume supervisory, legal and financial responsibility for the minor while using the Evanston Access TV channel. I have read this agreement and consent to be bound for the rules and conditions on behalf of the user signed above.

Name: \_\_\_\_\_

State ID or Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Responsible Adult

\_\_\_\_\_ Date: \_\_\_\_\_