



# GACAA MASS MEDIA AWARD RADIO

Name of Station \_\_\_\_\_ Address \_\_\_\_\_

Manager \_\_\_\_\_ Your Contact \_\_\_\_\_

1. How much coverage does your station give to Extension projects in these areas?

A. Spot Announcements

Number per week \_\_\_\_\_ Air time per week \_\_\_\_\_

B. News Programs

Number per week \_\_\_\_\_ Air time per week \_\_\_\_\_

C. Feature programs performed by Extension staff.

Number \_\_\_\_\_ Air Time Daily \_\_\_\_\_

Air Time Weekly \_\_\_\_\_

Air Time Monthly \_\_\_\_\_

2. In 200 words or less, tell why the radio station being nominated should receive the GACAA Award. You might want to include a specific example of how this station has supported your Extension program. (Use another sheet if necessary.)

Note: Include information only for the period (July 1 - June 30).

Your Name \_\_\_\_\_

Title \_\_\_\_\_

County \_\_\_\_\_

**DUE DATE: September 15**

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