



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 9th

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