Rule 8 Annual Report

for Vermont Access Management Organizations (Version 4.0 - 2.23.23)

The FISCAL YEAR REPORTING:	
	(Please enter the date your Fiscal Year <u>ENDED</u>)
1. Organization Name & Address	
Legal Name/ Corporate Name	
Doing Business as (D/B/A) Name & Call Letters	
Mailing Address	
Location Address (if different than Mailing Address)	
Website Address	
2. Contact Information	
2a. Individual Completing this Form	
Name	
Position	
Phone Number	
Fax Number	
Email Address	
2b. Executive Director/Manager/CEO	
Name	
Phone	
Fax Number	
Email Address	

3. Corporate	Status - Open I	Meetings	s Law – 8.422(J)	
• Is the AM	10 recognized by the I	IRS as a 501	(c)(3) Non-Profit Corporation	? □YES □NO
Year Inco	orporated in State of V	/ermont:		
• Is the AM	10 current with its bie	nnial Secre	tary of State nonprofit corpor	ate registration?
□YES□	□NO			
 Does AM 	O comply with applica	able parts o	of VT's Open Meeting Law?	
W	/arns Board Meetings	? 🗆 Posts	s Board Minutes? \square	
l. Service Te	erritories/Comm	unities S	Served	
Service Territory	Name of Cable Operator	Commu	unities (Municipalities) Served	Changes from Previous Fiscal Year
1				
2				
3				
	G Capacity & Applinel(s), by Cable Opera		8.422(B)	
Channel Number ((and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, G	Governmental)

Name of Cable Operator 3SD or HD Type of Acc	cess (Public, Educational, Governmental)
	cess (Public, Educational, Governmental)
·	cess (Public, Educational, Governmental)
annel Number (and Call Letters or Name) SD or HD Type of Ac	cess (Public, Educational, Governmental)
5b. Additional Application(s) – 8.404(B) Describe Additional Application(s) the AMO uses that the system capacity or facilities, in a form other than a Char PEG Access content to cable subscribers. Examples of Continuous include access to the Interactive Program Guide, the Legicold Commercial/Business/etc), a Static IP, Remote Originat cloud storage, etc. Please state whether the Operator in	nnel, in order to support the distribution perator-provided applications might well or Class of broadband service ion Site equipment, an E-mail domain,

6. Outreach Strategies – 8.422(C)

Note: If an exact number is unknown for any activity in 6a or 6b below, please provide an estimate. (Check N/A if you have not engaged in a particular activity or did not track it this year.)

6a. Outreach/Marketing: Activities

Activity	Number Done	N/A (✔)
Print Ad Placements		
Online Ad Placements		
Newsletters (print or email)		
Events at your AMO (open house, gallery openings, etc.)		
AMO participation in community events (parades, booths, etc)		
Presentations at community meetings (Chamber, clubs, etc)		
Video contests/competitions held		
Self-promotional PSAs, Bumpers, etc.		
Social Media Postings		

Note: Please describe other activities that were intended to market or promote your AMO, or to inform or attract the public, educational and/or governmental sectors to your AMO.

6b. (OPTIONAL) Outreach/Marketing: Social Media/Other

These might include the type and extent of your use of social media platforms, bill stuffers, video competitions entered, Technical assistance to Institutions, NGOs, schools, etc., or other outreach/marketing efforts not outlined in 6a above.						
ŧ	eo competitio	eo competitions entered, T	eo competitions entered, Technical ass	eo competitions entered, Technical assistance to Ins	eo competitions entered, Technical assistance to Institutions, NGC	eo competitions entered, Technical assistance to Institutions, NGOs, schools, e

6c. (OPTIONAL) Volunteerism & Users

Note: In this Optional section, if the exact number is unknown, you may estimate. If you track, by category, non-staff (unpaid) people involved with your AMO, you may provide that data in the Comments section.

If you do not track any of this data, you may either check N/A or leave the entire section blank.

Total, all unpaid, non-staff	Number	N/A (✓)
Volunteers, Board, Community Producers, Student Interns & Other Users		

 Comments:			

7. Training & Provision of Facilities – 8.422(C)

Note: We recognize that there are many ways to track or classify training and facilities usage at an AMO, and so we've provided options and narrative opportunities to accommodate these variations. In Sections a, b and c, below, if exact number is unknown, please provide an estimate. Check N/A if you have not engaged in a particular activity or have not tracked it this year.

7a. Orientations

Activity	Number Oriented	N/A (✓)
Orientation to Individuals		
Orientation to Organizations		

7b. Structured Training

Note: "Structured Training" (e.g., classes, seminars, workshops) does not include the ongoing, on-demand instruction or guidance you provide to producers while they work on their programs. Describe that type of training, if you wish, in the narrative space provided below. Check N/A if you have not engaged in a particular activity or have not tracked it this year.

Types of <u>Structured</u> Training Provided	Number	N/A
(Your classifications of types)	Trained	(∨)
GRAND TOTAL:		

• • •	llowing space to expand or explain hog, if you wish, assistance provided to		
·			
UNSTRUCTURED Training:			
To (ODTIONAL) Comments to	land of many little a		
7c. (OPTIONAL) Community L Note: In this Optional section. i	Jse of Facilities f the exact number is unknown you m	nav estimate. If vo	u do r
	either check N/A or leave the entire s	section blank.	
Type of Facilities Usage	If applicable, provide detail her or in Notes, below.	re, # of Checkout / Usages	
Field Gear Checkouts (specify)			
Studio Production Use			
Editing Systems Use			
Other Lendings (specify)			
responsible for the content of the Ba. Programming Information Please provide annual data for	ced" a program is determined by tha	E AT program play	
Type of P	rogramming	# of Programs	# of Ho
•	ams (produced by, for or at your AMO)		
AMO-Produced PSAs, Bumpers, e			
"Imported" via VMX or other Verr			
producers)	mont sources (e.g., AMOs, local		

COLUMN TOTAL

8b. (OPTIONAL) Local Programming Breakdown

Note: In this Optional section, if the exact number is unknown, you may estimate. If you do not track any of this data, you may leave the entire section blank.

Locally-Produced, first-run Programs	# of Programs	# of Hours
Produced by your AMO Staff		
Produced by clients/users/volunteers		

8c. (OPTIONAL) Bulletin Board

If you offer an on-screen Community Bulletin Board, you might track the total number of individuals and/or entities that have submitted one or more messages, or you may count the total annual number of unique "pages" of bulletin board information. Or both. In this Optional section, if the exact numbers are unknown, estimate. If you do not track any of this data, you may leave the entire section blank.

Community Bulletin Board Data	Total Number
Number of individuals or entities who have submitted one or	
more "pages" over the course of the year	
Number of unique "pages" submitted & shown	

8d. Remote Origination Sites

Site Location (Entity Name, Town)	Frequency of Use (# of uses per month or per year)	Type of Use (e.g., P, E or G)	Cable Operator Providing Site	RF Modulator? Optical Xmtr? Video over IP? (please specify)

form:						
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	ermont Public Service Department. Include your use of the "Procedures for Addressing PEG A' ities' Issues, Problems and Complaints" and the outcome or on-going status at the close of the
sco I	ıl Year.
a	cilities Summary/Description of Facilities – Rule 8.422(E)
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12. Organizational Leadership: Rosters of Key Staff & Board – Rule 8.422(F)

12a. Key Staff as of the end of the Fiscal Year

Position / Job Title	Name

12b. Board Members as of the end of Fiscal Year

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

Changes in Organizational Structure — Rule 8.422(G) Detail here any significant changes in organizational structure during the Fiscal Year; for example, bylaws, style of governance, corporate form, dissolution, etc.
Planning Considerations – Rule 8.422(K)
In this section, please provide your planning considerations and expectations for how community need will be identified and met for current and future fiscal years. Include new programs or services you plato offer over the next 3 years; how those relate to your community's needs and interests; and the process you used to identify those needs and interests. Attach additional pages if necessary.
Note that regulators and the cable operator may regard this section as your PEG Access Plan.

15. Financial Documents – Rule 8.422 (H), (I) and (M)

15a. AMO Revenue Report

"The Report shall distinguish between funds provided by the Cable Operator as PEG funding and funds obtained from other sources."

Describe other revenue sources the AMO relies upon to support its services. (Other Sources might include memberships, production fees, interest income; and fundraising activities such as grants, annual campaigns and capital campaigns.)

		CABLE OPE	RATOR FUNDING	ì	
Cable Operator	1:		Cable Operat	or 2:	
Operating	Capital	Spike	Operating	Capital	Spike
	ОТН	ER SOURCES	 OF REVENUE (Id	 entify)	
			Noi	n-PEG Related	TOTAL

15b. AMO Expense Report

"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 Access Services			
Non PEG-related Services			
Total PEG & Non-PEG Expenses			

15c. Statement of Cable Operator Funds

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

Please click the check box (✓) if the following documents are attached to this Report, and confirm that taken together these can be used to determine any funds that were carried forward from the prior year.

	•
•	Income/Expense Statement (a.k.a., Profit & Loss Statement) for this Fiscal Year
•	Balance Sheet on the final day of the Fiscal Year (listing assets & liabilities) $\ \Box$
•	Current year Operating and Capital Budgets
•	Annual Tax Return (990 or 990-EZ)
•	Audit or Financial Review prepared during the Fiscal Year (If one done, optional) $\ \Box$

NOTES:					
			8		
Statement	of Cert	fication			
ı,	(print / type	e name): ANGELIKE CO	NTIS		
hereby certi	fy that	(name of AMO):	MANSFIELD	Commonity	Ti
BylavRulesComCont	vs or othe s and ope plaint and ract(s) wi	on our premises that are availer governing documents rating procedures dispute resolution procedure th Cable Operator(s) anducting meetings consistent	s		
Azr	la C	ts		5-30-25	
SIGNATURE OF	PERSON C	OMPLETING FORM	DATE		
Jeniu R.	Alexan	k			
SIGNATURE OF	WITNESS				
JESSICA NAME OF WITH		LEXAMDER (type)			