

2008

ANNUAL COMMUNITY ACCESS PROVIDER REPORT

Cable Franchise Operator

Name of Cable Operator: COMCAST

Address: Gandolpho Drive

Telephone: 1-800-COMCAST

Towns Served: Canaan, Salisbury, Sharon, Falls Village, Norfolk

Contact Person: Tom Farrell Telephone: 800-COMCAST

Access Provider

Name of Access Provider: Tri-State Public Communications

Address: 77 South Canaan Road, Geer Village, Canaan CT 06018

Telephone: 860-824-4200

Towns Served: Canaan, Falls Village, Salisbury, Sharon, Norfolk

Access Contact Person: Mike Flint Telephone: 860-824-4200

Person responsible for filing this Community Access Report: Marshall Miles

Period covered by this report: 01/01/2008-12/31/2008

**DEPARTMENT OF PUBLIC UTILITY CONTROL
ANNUAL COMMUNITY ACCESS REPORT**

An annual community access report is required for each access facility. List each facility and identify the entity responsible for managing its operations (facility includes access operations with studio(s), edit suite(s), etc.):

<u>Name of Facility</u>	<u>Location (Town)</u>	<u>Contact Person/Tel. No.</u>
CATV 6	Canaan	Mike Flint 860-824-4200
CATV 252	Canaan	Mike Flint 860-824-4200
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of access facility (include square footage, attach a simple facility diagram):
Roughly 950 square feet in two suite, one broadcast, one office,
See attached JPEG files

List the weekday and weekend access facility hours of operation (access hours available to public): Monday Thru Friday 3 PM till 6 PM Saturday 10 AM till 2 PM
Sunday and evening hours by appointment

Is facility handicap accessible Soundproofed Approx. studio ceiling height 15 Feet

Does the access facility utilize a mobile production van? NO If yes, explain how often the van is used for access (% of time) and the type of programming generated.

NOTE: costs associated with the mobile van must be detailed on p. 5

Attach a copy of the Company's/Organization's current operating policies, rules and procedures clearly indicating the effective date. Same as last years report on file

Attach an organizational chart for the access facility covered by this report.

Marshall Miles: President
Richard Dwelley: Vice President Jill Goodman: Treasurer

**DEPARTMENT OF PUBLIC UTILITY CONTROL
ANNUAL COMMUNITY ACCESS REPORT**

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PUBLIC ACCESS CHANNEL(S)

Channel #: 6 Point of origination: Canaan, CT

Average hours tape/live programming per week:	40
Average hours of character generated per week:	15
Total number of programs produced annually at this facility:	350
Total number of programs broadcast, but produced elsewhere:	125
Approximate percentage of repeat programs:	25%

EDUCATIONAL ACCESS CHANNEL(S)

Channel #: _____ Point of origination: _____

Average hours tape/live programming per week:	_____
Average hours of character generated per week:	_____
Total number of programs produced annually at this facility:	_____
Total number of programs broadcast, but produced elsewhere:	_____
Approximate percentage of repeat programs:	_____

GOVERNMENTAL ACCESS CHANNEL(S)

Channel #: 252 Point of origination: Canaan

Average hours tape/live programming per week:	70
Average hours of character generated per week:	98
Total number of programs produced annually at this facility:	60
Total number of programs broadcast, but produced elsewhere:	_____
Approximate percentage of repeat programs:	_____

List and describe each town-specific channel covered by this report:

List and describe all other types of programming broadcast on each access channel:
Local meeting both governmental, and educational. School sports, concerts and plays.
Community events, concerts, church services, local call in shows, health shows,
State representative reports, Chamber of commerce shows, Farm and Ag shows.

NOTE: Records of cablecast logs must be maintained by access operator and kept on hand for a minimum of 3 years. Do not include copies of said logs with this report; the Department will request copies if deemed necessary.

**DEPARTMENT OF PUBLIC UTILITY CONTROL
ANNUAL COMMUNITY ACCESS REPORT**

Number of full-time employees dedicated to access 1

Title	Annual Wages allocated to community access	Years of Experience
Mike Flint, Manager	17,000.00	3

Number of part-time employees dedicated to access _____

Title	Annual Wages allocated to community access	Years of Experience
Sarah Oconnell Volunteer	0	1
Jill Goodman Volunteer	0	1
Michael Loftus Volunteer	0	2
Sandy Gomez Volunteer	0	2
Joel Blumert Volunteer	0	2
Francis McGuire Volunteer	0	4
Anna McGuire Volunteer	0	4
Keith Munro Volunteer	0	3
Tim Schaefer Volunteer	0	2

List below all other employee salaries allocated to access

Title	Annual Wages allocated to access	Years of Experience	Allocation
Method			

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ANNUAL COMMUNITY ACCESS REPORT**

Accounting information below provided for period beginning/ending: 01/01/07-12/31/07

Annual financial community access support required by franchise agreement and/or otherwise committed to by cable operator: Tri-State Public Communications

Attached please find an extension approved by IRS, will file updated 990 when Accepted by IRS

NOTE: Cable operators must attach worksheets supporting the derivation of each expense allocation.

NOTE: Not-For-Profits must enclose most recent Form 990 or Form 990-EZ.

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ANNUAL COMMUNITY ACCESS REPORT**

Subscriber Check-Off System:

No. of Donors: _____
Total \$/year: _____

Monetary Contributions: (attach list of details)

No. of Donors: _____
Total \$/year: \$19,892.20

In-Kind Contributions: (attach list of details)

No. of Donors: _____
Estimated \$/year: _____

Grants: (attach list of details)

No. of Grants: 1
Estimated \$/year: 33,842.32

Promotion & Outreach

Number

COMMENTS

Speaking Engagements	3	<u>Lions, Rotary, Exchange clubs, schools</u>
Video Promotions	300	<u>CG announcements</u>
Print Material		_____
Newspapers	_____	_____
Program Guide	_____	_____
Brochures	_____	_____
Bill Inserts	_____	_____
Radio Announcements	300	<u>psa on local radio</u>
Open Houses	2	_____
Tours	15	<u>local boy, girl, cub scouts, senior citz</u>
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

**DEPARTMENT OF PUBLIC UTILITY CONTROL
ANNUAL COMMUNITY ACCESS REPORT**

Training

How often is training offered? Briefly describe the training program:

Once a quarter when two or more people request training

Twice a year

Workshop Description: video and audio production, lighting and viseo editing
(attach any additional information)

<u>Date Start/End</u>	<u>Total Hours</u>	<u>Number of Participants</u>	<u>Location</u>
05/08/08-05/09/08	10	3	Canaan
10/02/0710/03/07	10	5	Canaan
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and qualifications of the instructor(s):
Marshall Miles....President of Tri-State Public Communications
Mike Flint..Manager of CATV 6

Describe all procedures used to solicit feedback on the training program (attach any letter/survey mailed to trainees):
Everybody that trained was used as a volunteer!

How many users completed training workshops during this reporting period 8

Approximate number of regular studio users/yearly: 30
Approximate number of regular edit suite users/yearly: 5
Approximate number of other users/yearly (describe): _____

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ANNUAL COMMUNITY ACCESS REPORT**

ATTACHMENTS: (Items must be enclosed and numbered as indicated below, and indicated if not applicable)

1. Diagram of access facility (p. 2)
2. Current operating rules, policies and procedures (p. 2)
3. Organizational chart (p. 2)
4. Worksheets supporting cable operator accounting for access allocations (p. 5)
5. Not-For-Profit's most recent Form 990 or Form 990-EZ (p. 5)
6. Detailed description of loans, including repayment terms
7. List detailing grants and contributions (pp. 5 & 6)
8. Additional training workshop descriptions (if needed) (p. 7)