

# New Program Proposal Form

**KHOI-FM**

Heart of Iowa Radio

Date 9/3/2019Name: Iowa Able FoundationAddress: 130 S. Sheldon Ave, Suite 201Telephone:(specify home or work): (W) 515.292.2972 cell: 515.808.1742Email: director@iwaable.org**Program Information**Title: Able Up Iowa!Description: Able Up Iowa presents the issues and stories that Iowans with disabilities, their families, and the aging want to share with listeners.**Personnel Information**Host: Anna Magnusson / Daniel HeddenorfProducer: Anna MagnussonEngineer: Daniel Heddenorf

Co-producers:

*Provide staff & production details on separate page***Proposed Scheduling Information**Brief (<5 mins) or longer format? LongerSingle program or series? Series

For Web, broadcast, or both?

Proposed Length: 1-hourFrequency: Live

Live?

Recorded?

Program mission statement:

Emphasize abilities in disabilities to learn, engage, and connect

How will the program further KHOI's mission?

The Program will freely discuss issues related to disabilities

KHOI's MISSION is to welcome all voices of our community regardless of their perspectives to freely discuss issues, nourish the spirit, and entertain. We will embody the spirit of Central Iowa while connecting local communities. We encourage community members to draw their own conclusions.

Which part(s) of our community does this program represent; how does it provide a voice for these?

Iowans with disabilities

Who are the intended listeners?

Iowans with disabilities, organizations, community leaders

What resources will you use to produce this program?

Social Media - other nonprofit organizations

What resources will you use to promote this program?

Social Media, Contact Lists, Web site

By what criteria do you plan to evaluate your own program's effectiveness?

Listeners, Call-in, Social MediaI understand that as a radio host and/or producer, I am required to volunteer for at least 2 hours per month at KHOI in areas not related to my program AM (initial here)

Please initial to confirm your receipt of and agreement to policies (on back of this page):

Signature: AM Application PolicyAM Operations expectationsAM Mission

Start Date requested to air:

Start Date approved to air: