

CVC Audit Questionnaire

The following information is used to complete your circulation audit, and is critical data for media buyer evaluations. Do not leave any section blank. Please complete each section, or mark "n/a" if the section does not apply to your publication. If you have any questions please feel free to call CVC.

GENERAL INFORMATION SECTION

Publication Name: _____

City: _____ St: _____ ZIP Code: _____

Form Completed By: _____ Email: _____

What description below best describes your publication?

- Community Newspaper _____% Advertising _____% Editorial
 Shopper (no editorial content—advertising only) _____% Advertising _____% Editorial
 Shopper (some editorial content—with advertising) _____% Advertising _____% Editorial
 Magazine (Content: _____) _____% Advertising _____% Editorial
 Parenting Publication _____% Advertising _____% Editorial
 Senior Publication _____% Advertising _____% Editorial
 African American Publication _____% Advertising _____% Editorial
 Business Publication _____% Advertising _____% Editorial
 Alternative Newsweekly _____% Advertising _____% Editorial
 Latino Publication _____% English _____% Spanish _____% Advertising _____% Editorial
 Translation services available: YES _____ / NO _____
 Other Ethnic Publication: _____% English _____% _____% Advertising _____% Editorial
 Translation services available: YES _____ / NO _____
 TMC (Total Market Coverage) _____% Advertising _____% Editorial
 _____% Inserted into daily / _____% separate delivery
 Telephone Directory
 Other: _____ _____% Advertising _____% Editorial

CONTACT INFORMATION	PHONE	FAX	EMAIL
Publisher:			
Advertising:			
Circulation:			
Production:			

Format: ___ Broadsheet ___ Tabloid ___ Magazine ___ Digest ___ Other*(_____)

Number (per issue) of Editions _____ Advertising Zones _____ Avg. Page Count _____

Publishing Cycle:

___ Daily ___ 2X-Weekly ___ 3X-Weekly ___ 1X-Weekly ___ Monthly ___ Other*

*Explain _____

Distribution Day(s): _____

Corporate Ownership/Affiliation: _____

Year Publication was Established: _____

Are you affiliated with other papers in your market area? (If yes, please list them below.)

PUBLICATION NAME	CIRCULATION CYCLE	APPROXIMATE CIRCULATION	AUDITED YES/NO

GENERAL INFORMATION SECTION (CONTINUED)

Printing Method:

Commercial Printer Own Press Company/Affiliate Press

If you use a commercial printer or company/affiliate press please complete the following information.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

CVC will schedule an on-site audit to review your support documentation.

Please identify your first choices for an on-site visit.

Monday Tuesday Wednesday Thursday Friday Sat/Sun

Computer Hardware (i.e.—PC, MAC)

Business: _____

Production: _____

Advertising: _____

Circulation: _____

Computer Software: (Systems or software)

Business: _____

Production: _____

Advertising: _____

Circulation: _____

RETAIL DISPLAY ADVERTISING

The date your current retail display rate card went into effect: _____

The date you anticipate the rate card will change: _____

Retail Display Open Rates (net): National \$ _____ PCI / Local \$ _____ PCI

If modular give smallest page/full rate: _____

Copy Deadline Day: _____ Time: _____ am / pm

Is your deadline for electronic copy the same? YES NO*

*Explain: _____

Can retail display ads be zoned: Yes* No

Zoned by: Edition/Zone _____ County _____ ZIP Code _____ *Other: _____

*Explain: _____

Retail Display Mechanical Data: _____ Columns x _____ Column depth (inches)

Full Page Size: _____ inches wide Column Width: _____ inches

SAU Measurements: _____

Is Color Available (Y/N): Process / Process Color Rate: \$ _____

_____ Spot / Spot Color Rate: \$ _____

Do you accept ads electronically: Yes No

Do you accept ads on disk? Yes No

Preferred Format: _____

Do you have scanning equipment? Yes No

Do you have darkroom capabilities? Yes No

Ad Send Code: _____ (Five letter code for web clearing house ad transmission—If Applicable)

Major Display Advertisers:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

CLASSIFIED ADVERTISING

The date your current classified rate card went into effect: _____

The date you anticipate these rates will change: _____

In-line classified rate: _____

Classified Display Rates (net): National \$ _____ PCI / Local \$ _____ PCI

If modular give smallest page/full rate: _____

Copy Deadline Day: _____ Time: _____ am / pm

Classified Section Mechanical Data: _____ Columns x _____ Column depth (inches)

Full Page: _____ inches wide Column Width: _____ inches

Is Color Available (Y/N): _____ Process / Process Color Rate: \$ _____

_____ Spot / Spot Color Rate: \$ _____

Major Classified Advertisers:

1. _____ 2. _____

3. _____ 4. _____

Do you participate in any state, regional, or national classified programs:

YES/NO: Please list: _____

INSERT ADVERTISING

Is insert zoning available: _____ Yes* _____ No

Inserts zoned by: _____ ZIP Code _____ Edition/Zone _____ Carrier Route _____ Other*

*Explain: _____

Insert Open Rate: \$ _____

Average Insert Rate: (Full Run) 8 1/2 x 11 single sheet: \$ _____

24 Page Tab : \$ _____

Insert Delivery Deadline (to publisher): _____

Largest insert size before folding is necessary: _____

Shipping Address for Inserts:

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Delivery Hours: _____

Specific Delivery Requirements: _____ Yes* _____ No (i.e.- pallets, boxes, dock)

*Explain: _____

Major Insert Advertisers:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

CIRCULATION SECTION

Please **CHECK ()** All Applicable Distribution Types: (complete all follow-up questions if checked)

() Home Delivery

<input type="checkbox"/> % Youth Carrier <input type="checkbox"/> % Adult Carrier
<input type="checkbox"/> % Tube Delivery <input type="checkbox"/> % Porch Delivery <input type="checkbox"/> % Yard Delivery
<input type="checkbox"/> Average number of missed delivery calls for each edition.
Annual subscription rate: \$ _____

What is the earliest and latest time someone should receive your paper by home delivery:		
HOME DELIVERY	EARLIEST	LATEST
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Average number of down routes for each edition: _____

Are down routes delivered: YES* / NO *Delivered by: _____

Do you use delivery bags? Yes (continue) No (proceed to next delivery type)

Is delivery bag zoning available: Yes No

Can you zone by: ZIP Code Edition/Zone Carrier Route Other*

*Explain: _____

What size bags do you normally use: _____

Maximum/Minimum Bag Length: _____ / _____ Maximum/Minimum Bag Width: _____ / _____

What type of header do you prefer: Cardboard Wickets (wire "u" shaped holders)

() Mail

<input type="checkbox"/> % Free Mail <input type="checkbox"/> % Paid Mail
Annual subscription rate: \$ _____
<input type="checkbox"/> Average number of missed delivery calls during each edition cycle.

What is the earliest and latest time someone should receive your paper by mail:		
HOME DELIVERY	EARLIEST	LATEST
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

() Controlled Bulk (racks & stores)

Do you currently track returns from your racks & stores? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, do you track returns in total, by route, or by location? _____
How many rack & store locations do you have? _____

What is the earliest and latest time racks & stores in your market should receive your paper.		
HOME DELIVERY	EARLIEST	LATEST
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

PAID PUBLICATIONS: Cover Price: \$ _____
Average Wholesale Rate: \$ _____