



Corporation
for Public
Broadcasting

Radio Community Service Grant

Application for Fiscal Year 2024

April 2023

Noncommercial educational radio stations applying to the Corporation for Public Broadcasting (CPB) radio Community Service Grant (CSG) program must submit their completed and signed applications to CPB's Director, Radio CSG Policy & Administration, at CSG@cpb.org no later than May 8, 2023, at 5 PM Eastern Time. All information provided to CPB in connection with the application is subject to CPB's independent verification and CPB, in its sole discretion, will determine whether a station is eligible.

Applicant, defined herein as licensee of the noncommercial educational radio station applying for the CSG, must be compliant at the time of application with the requirements in this application and the [FY 2023 Radio CSG General Provisions and Eligibility Criteria \(General Provisions\)](#). Unless otherwise specified, the terms used in this application are defined in the [General Provisions](#).

Name of Person Completing Application _____

Title _____

Organization Name _____

Direct Telephone Number (____) _____ Email _____

Main (Flagship) Station Call Letters _____ Frequency _____

Station Mailing Address _____

City _____ State _____ Zip Code _____

General Manager _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Station Telephone _____ Fax: _____

Website _____

Date Licensed _____ Date First On-air _____

Licensee Name per Federal Communications Commission (FCC) _____

I. Communications Act Requirements

Applicants must comply with the Communications Act of 1934, 47 U.S.C. § 396, et seq., as amended (Communications Act or Act) to be eligible for a radio CSG. Please refer to the [Compliance Booklet](#) for additional information concerning the Act's requirements.

Please answer the following questions.

1. Open Meetings

Meetings of Applicant's governing body, its committees and Community Advisory Board (CAB) meetings must be open to the public (47 U.S.C. § 396(k)(4)). In addition, CPB requires Applicants to give at least seven days' advance notice of meetings, including the time and place.

Does Applicant meet this requirement? **Yes** **No**

If yes, identify which of the following CPB-required methods it uses to provide notice.

- posting notice on its station website;
- broadcasting notice on-air between 6 a.m. and 11 p.m., as shown by the station's log;
- placing notice in the "Legal Notices" section of a local newspaper in general circulation in the station's primary coverage area; or
- giving notice through a recorded announcement accessible on the station's phone system.

2. Closed Meetings

Applicant must document why any meetings of its governing body, its committees, and CAB were closed and make available to the public a written statement of the reasons within a reasonable time after the closed meeting (47 U.S.C. § 396(k)(4)). CPB also requires that the written statement be made available for public inspection, either at Applicant's central office or posted on its station website, within 10 days after each closed meeting.

Does Applicant comply with these requirements? **Yes** **No**

Has Applicant designated a person responsible for documenting the reasons for closing meetings of the governing body, its committees, or meetings of the CAB? **Yes** **No**

If yes, please furnish the information requested below even if Applicant posts the documentation on the station website.

Name of Responsible Person: _____

Title of Responsible Person: _____

Location of Documentation (Address): _____

Location of Documentation (City): _____

Location of Documentation (State): _____

3. Open Financial Records

The open financial records provisions of the Act require that Applicants make available to the public their annual financial and audit reports and other financial information they are required to provide to CPB (47 U.S.C. § 396(k)(5)). CPB also requires that Applicants post the following documents on its station website:

- Financial Statement: Most recent audited or unaudited financial statement, if permitted; and
- Applicant's most recent Annual Financial Summary Report (FSR).

Does Applicant comply with these requirements? **Yes** **No**

4. Community Advisory Board (CAB)

Applicants other than those owned by a state, a political or special purpose subdivision of a state or a public agency must have a CAB. This requirement includes private college or university licensees that are not "owned and operated by a State, a political or special purpose subdivision of a State, or a public agency" (47 U.S.C. § 396(k)(8)). The CAB responsibilities include:

- the right to review the station's programming goals;
- the right to review the service provided by the station;
- the right to review significant policy decisions rendered by the station; and
- the obligation to advise the station's governing body on whether the station's programming and other significant policies are meeting the specialized educational and cultural needs of the communities served by the station, and to make recommendations that the CAB deems appropriate to meet such needs (47 U.S.C. § 396(k)(8)).

Is Applicant required by the Communications Act to maintain a CAB? **Yes** **No**

(A) If no, please explain why and attach as Exhibit 1 (i).

(B) If yes, please respond to the following question and attach as Exhibit 1 (ii) a description of the CAB's duties, the date it was created, and describe how CAB members are selected.

Does the CAB advise the governing body of Applicant's station on whether its programming and policies meet the specialized educational and cultural needs of the communities served by the station, and make recommendations that it deems appropriate to meet such needs? **Yes** **No**

If yes, please answer the following questions.

- The date of the CAB's most recent communication of advice and/or recommendations to the station's governing body (Month/Day/Year): ____/____/20____.
- How does Applicant's CAB communicate its advice and recommendations to the station's governing body (such as written reports, CAB presentations to the governing body, or through a station executive who attends CAB meetings)?

5. CPB Employment Statistical Report

The Act requires Applicant to certify compliance with equal employment opportunity regulations of the Federal Communications Commission (FCC), and to annually report to CPB the statistical employment data required by the FCC, including the reasons why any job openings were not filled in accordance with FCC regulations (47 U.S.C. § 396(k)(11)). Applicants meet these requirements through the annual Employment Statistical Report to CPB (provided as part of its Station Activity Survey (SAS)).

Does Applicant comply with each of these requirements? **Yes** **No**

The Act also requires Applicant to make the data in its Employment Statistical Report available for public inspection at:

- its central office; and
- each other location with six or more FTEs (defined in the General Provisions) (47 U.S.C. § 396(k)(11)).

Does Applicant make its Employment Statistical Report available to the public as required? **Yes** **No**

If yes, please provide the following information on the person(s) responsible for making this report available to the public at Applicant’s offices.

	Central Office	Additional Location (if applicable)	Additional Location (if applicable)
Name of Responsible Person			
Title of Responsible Person			
Email of Responsible Person			
Address of Responsible Person			
City of Responsible Person			
State of Responsible Person			

6. Donor Information

The Act bars stations from renting contributor names, donor names, or other personally identifiable information (collectively, Personal Information) to or from or exchanging Personal Information with any Federal, State, or local candidate political party, or political committee.

In addition, Applicants are barred, unless required by law, from disclosing Personal Information of contributors or donors to any Nonaffiliated Third Party (as those terms are defined in the General Provisions), unless Applicant meets the following Communications Act requirements:

- clearly and conspicuously notifies contributors or donors that the station may release its Personal Information to Nonaffiliated Third Parties;
- advises contributors or donors before any disclosure, that they have the right not to have their Personal Information disclosed; and
- explains to the contributor or donor how to exercise that non-disclosure option (47 U.S.C. § 396(k)(12)).

Does Applicant disclose the Personal Information of contributors or donors to any Nonaffiliated Third Party?

Yes **No**

If yes, how does Applicant provide such notification to contributors or donors (such as posting on the station's website or advising the contributor or donor using written correspondence or email)?

Exhibit 1. Please attach the following information as Exhibit 1 in the order specified.

- i. See Question 4(A); and
- ii. See Question 4(B).

II. Selected General Provisions Requirements

Please answer the following questions.

1. Annual Harassment and Bias Prevention Training Requirement

Annual harassment and bias prevention training is required for all officers, employees, and interns of each station.

Will Applicant comply with this requirement? Yes No

2. Annual Compliance Training Requirement

Applicant must complete at least one live webinar or in-person CPB-sponsored compliance training session annually. Online training is available at [CPB's CSG training website](#).

Will Applicant comply with this requirement? Yes No

3. Website Postings Required

At a minimum, Applicant must post the following on its station website:

- Station Senior/Executive Management: Names, titles and contact information;
- Governing Body: Names;
- CAB Members: Names (for stations that maintain a CAB pursuant to the Communications Act);
- Financial Statement: Most recent audited or unaudited financial statements, if permitted; and
- 2022 Financial Summary Report (see Exhibit 11(i) for the template).

Does Applicant comply with these requirements? Yes No

Attach as Exhibit 2 (i) a list of the website addresses and screenshots for each webpage that displays each of these items.

4. Post on Station Website or Make Available at Station's Central Office

In addition, Applicant must post the following documents on the station website or make them available at the station's central office for review by the public:

- Diversity Statement; and
- Local Content and Service Report.

Does Applicant comply with these requirements? Yes No

Attach as Exhibit 2 (ii) a list of the website addresses and screenshots that display each of these items.

Exhibit 2. Please attach the following information as Exhibit 2 in the order specified.

- i. See Question 3; and
- ii. See Question 4.

III. Sole Service and Minority Audience Service Station

Please answer the following questions.

1. Sole Service Station

Does Applicant's station meet the definition of a Sole Service station as defined in the General Provisions, Part II (OO)? Yes No

If yes, please explain and attach as Exhibit 3 (i).

2. Minority Audience Service Station (MASS)

Does Applicant's station meet the definition of a MASS as defined in the General Provisions, Part II (HH)?

Yes No

If yes, using the definition in paragraph HH, please check below which criteria Applicant meets and provide supporting documentation as Exhibit 3 (ii):

- 1
- 2
- 3a
- 3b
- 3c

Exhibit 3. Please attach the following information as Exhibit 3 in the order specified.

- i. See Question 1; and
- ii. See Question 2.

IV. Licensee

Please answer the following questions.

<p>1. Does Applicant have a valid, renewable license from the United States Government to operate a full power, noncommercial, educational radio station, which is broadcasting at its full FCC assigned power? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Is Applicant in full compliance with all applicable FCC rules and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Does Applicant have any ethical standard issues, other issues or violations pending before the FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain and attach as Exhibit 4 (i).</p>
<p>4. Has Applicant had any issues before the FCC at any time in the past five years, regardless of whether a forfeiture was assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain and attach as Exhibit 4 (ii).</p>
<p>5. The following radio stations are not eligible to receive a CSG:</p> <ul style="list-style-type: none">a. closed-circuit or carrier current stations;b. stations that are managed and operated by and for students;c. stations that primarily provide training programming to Licensee employees, clients, and/or representatives; andd. stations licensed to political organizations. <p>Is Applicant ineligible to receive a CSG for any of the reasons above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Name of Licensee's governing body: _____</p> <p>Date of incorporation: _____</p>
<p>7. Has Licensee's organizational or governance structure changed since the beginning of Applicant's FY 2022 or is expected to occur in the next 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain and attach as Exhibit 4 (iii).</p>

Exhibit 4. Please attach the following information as Exhibit 4, in the order specified.

- i. See Question 3;
- ii. See Question 4;
- iii. See Question 7;
- iv. A copy of Applicant's FCC Broadcast Station License. If expired, also attach proof of filing for renewal;

- v. A copy of Applicant's latest FCC Ownership Report;
- vi. The names of the Licensee's governing body members and their terms; and
- vii. A copy of the Licensee's articles of incorporation.

V. Additional Broadcast Operations

Please refer to Part I, Section 1 (C) of the General Provisions for additional information.

A. Does Applicant own and/or operate any other television or radio station that is qualified by CPB to receive a CSG? **Yes** **No**

If yes, please identify each station's call letters and location.

Call Letters	Locations
_____	_____
_____	_____

B. Please list all other stations, repeaters, and translators owned and operated by the Licensee in the table below.

Call Letters	Frequency	City, State	Broadcasts Applicant's noncommercial program services? (Yes or No)	Format

Exhibit 5. Please attach the following information as Exhibit 5, in the order specified.

- i. A copy of Applicant's FCC Broadcast Station License(s) for the stations, repeaters, and/or translators listed in Sections A and B above. If expired, also attach proof of filing for renewal; and
- ii. A copy of Applicant's latest FCC Ownership Report(s) for the stations identified in Sections A and B above.

VI. Operating Power

Refer to Part I, Section 4 (B) of the General Provisions for additional information.

Please answer the following questions.

1. Does Applicant's station meet the operating power requirements set forth in Part I, Section 4 (B) of the General Provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Please provide the information below.		
FM		Watts ERP Horizontal
		Watts ERP Vertical
		Height Above Average Terrain (HAAT)
AM		Watts Daytime
		Watts Nighttime
3. Does Applicant's AM station operate at less than 250 watts at certain times because of its license restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Has Applicant converted its station's transmitters to digital (HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is Applicant's station's Coverage Area Population (CAP) (in persons/km ²) calculated in accordance with Part II (O) of the General Provisions? _____		
6. What is Applicant's station's coverage area (in km ²) as defined in Part II (O) of the General Provisions? _____		

Exhibit 6. Please attach the following information as Exhibit 6, in the order specified.

- i. A coverage area map for Applicant's station(s), including any station(s) that broadcasts Applicant's noncommercial program services as listed in Section 5b. above, using the contours specified in Part II (O) of the General Provisions.
- ii. Information about the entity that provided coverage area measurements (e.g., provider name, date map was created, and date of analysis).

VII. Broadcast Schedule

Refer to Part I, Section 4 (C) of the General Provisions for additional information.

Please answer the following questions.

1. Does Applicant's primary signal have a broadcasting schedule of at least 18 consecutive hours per day, seven days per week, for 52 weeks per year? **Yes** **No**

2. Is Applicant's station a shared time station? **Yes** **No**

If yes, does the shared time station operate at the maximum level authorized by the FCC and meet the broadcast schedule requirements in Question 1? **Yes** **No**

3. For Applicants with an AM station, does that station fail to meet the broadcast schedule requirements in Question 1, because of a restriction in its license? **Yes** **No**

If yes, please describe the restriction:

VIII. Programming

Refer to Part I, Section 4 (C & D) of the General Provisions for additional information.

Please answer the following questions.

1. Is a substantial majority of Applicant's station's daily total programming hours broadcast on its primary channel and all multicast channels devoted to CPB-Qualified Programming (defined in Part II (Q) of the General Provisions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is Applicant's station's primary format? _____
3. Does Applicant's station provide a locally originated program service designed to serve its community's needs and interests? <input type="checkbox"/> Yes <input type="checkbox"/> No

Exhibit 8. Please attach the following information as Exhibit 8, in the order specified.

- i. A copy of Applicant's station's mission and goals statement;
- ii. A statement of the programming philosophy Applicant employs to meet its station's mission and goals statement;
- iii. A copy of Applicant's station's current program guide or schedule, including brief program descriptions; and
- iv. The top line AQH Persons and Cume numbers for Applicant's station as measured by Nielsen Audio in the latest two spring survey periods.

IX. Facilities

Refer to Part I, Section 4 (E) of the General Provisions for additional information.

Please answer the following questions.

1. Does Applicant's station have sufficient, professionally equipped on-air and production facilities to broadcast programming, of high technical quality, including the capability for simultaneous local production and origination? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does Applicant's station provide sufficient office space suitable for station operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does Applicant's station have production and studio facilities that are separate from its on-air control rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does Applicant's station have combination control room(s)/studio(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. How many offices does the station use? _____
6. What is the total floor space (in square feet) of the station's offices? _____
7. What is the total floor space (in square feet) of the station? _____

Exhibit 9. Please attach as Exhibit 9 the following documents in the order specified.

- i. A copy of the station's floor plan which identifies control rooms, studios, production facilities, and offices. Diagram should include dimensions of each room and be legible.
- ii. Photographs of the station's control rooms, studios, production facilities, and offices. Photographs should be labeled and supplement the diagram in Exhibit 9.i.
- iii. A list of the major items in each control room and studio, and a list of production equipment.

X. Staffing Requirements

Below are the minimum staffing requirements that apply to the FY 2024 Radio CSG according to the Coverage Area Population (CAP) categories below. Sole Service stations have no minimum staffing requirement. Please refer to the [updated policies](#) for additional information about the CSG CAP categories.

All CAP categories have a minimum of two Full-time Employees. CAP categories 4, 5, and 6 have additional Full-time Employee requirements which may be met with Full-time Equivalent Employees. The table below displays staffing requirements for all CAP categories.

Staffing Requirements

CAP Category	1	2	3	4	5	6
CAP Range	< 20K	20K to <100K	100K to <300K	300K to <1M	1M to <3M	≥ 3M
Minimum Number of Employees	2	2	2	3	4	4
Minimum Full-time Employees	2					

Stations that qualify as Minority Audience Service Stations may count Full-time Equivalent Employees toward the Full-time Employee staffing requirement.

Full-time Employees are permanent personnel of Applicant's station, employed by Applicant, or a parent company, subsidiary, affiliate, or third-party operator under contract with Applicant:

1. that possess the skills and expertise in the management, programming, production, promotion, development, or engineering areas of radio station operations;
2. that are paid no less than the minimum federal hourly wage plus all benefits that Applicant (or a parent company, subsidiary, affiliate, or third-party operator under contract with Applicant) routinely provides to its Full-time Employees; and
3. whose terms of employment require working the number of hours that constitute a normal work week at said institution.

Full-time Equivalent Employees are two or more employees who, collectively, satisfy the criteria for a Full-time Employee. However, a Full-time Equivalent Employee need not receive all benefits that Applicant (or a parent company, subsidiary, affiliate, or third-party operator under contract with Applicant) provides to its Full-time Employees.

Positions funded by the CSG shall not be counted toward satisfying the required Full-time Employee or Full-time Equivalent Employee professional minimum staffing requirements.

Custodial and clerical staff, students whose student status is a condition of employment, interns, and persons enrolled in programs of formal on-the-job training shall not be counted toward satisfying the minimum staffing requirements, nor shall personnel teaching or fulfilling other academic duties in excess of the equivalent of one three-hour credit course per quarter or semester.

Please answer the following questions.

1. Based on Applicant's station's Coverage Area Population (CAP) (in persons/km²) identified in Section VI, Question 5, for which CAP category is Applicant eligible?

1

2

3

4

5

6

2. Based on Applicant's CAP category selected above, does Applicant's station have at least the minimum required number of Full-time Employees and Full-time Equivalent Employees, excluding those who are disqualified pursuant to Part I, Section 5 (B & C) of the General Provisions?

Yes No

3. How many hours constitute a normal work week for Applicant's employees? _____

Exhibit 10. Please attach as Exhibit 10 the following information in the order specified.

- i. Please complete Exhibit 10 (i) and identify all Full-time and Full-time Equivalent Employees;
- ii. A resume detailing the professional broadcast background of each Full-time and Full-time Equivalent Employee identified in Exhibit 10 (i);
- iii. A copy of the signed letter of appointment or salary/contract information for each person identified in Exhibit 10 (i); and
- iv. The station's Radio 2022 Station Activity Survey (SAS-Radio) in MS Excel which is available on the [Station Activity Survey](#) page on CPB's website. Please download and complete the "Radio 2022 Survey Questions" Excel document, as Applicant will not have access to the online reporting tool.

EXHIBIT 10 (i)

List all Full-time and Full-time Equivalent Employees excluding those that are disqualified pursuant to Part I, Section 5 (B & C) of the General Provisions.

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

Name		
Position		
Hours per week devoted to radio station duties		
Required hours of non-radio station duties		
Annual Salary		
Salary Source		
Employee receives normal benefits provided by licensee?	Yes	No
Current Position Start Date		
Years at Station		

XI. Financial Information & Non-Federal Financial Support

Applicants must provide CPB with their fiscal year 2022 financial information and identify the revenues that are eligible as Non-Federal Financial Support (NFFS). Detailed information explaining the reporting requirements and how to calculate NFFS may be found at: [FY 2022 Financial Reporting Guidelines](#) and the [Application of Principles of Accounting and Financial Reporting to Public Telecommunications Entities, May 2005 Edition](#).

Applicants must meet the minimum NFFS as indicated in the table below. Sole Service stations have no minimum NFFS requirement. Refer to the General Provisions for the definitions of Minority and Rural Audience Service Stations. CPB will determine the Applicant's CAP category after reviewing its application.

Minimum NFFS

CAP Category	1	2	3	4	5	6
Minority or Rural Stations	\$250,000	\$250,000	\$275,000	\$275,000	\$300,000	\$400,000
BOTH Minority & Rural Stations	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
All Other Stations	\$250,000	\$275,000	\$300,000	\$300,000	\$400,000	\$500,000

In addition, Applicants must meet the NFFS direct revenue requirement, which is half the amount of their minimum NFFS requirement. NFFS direct revenue is total NFFS revenue less revenue for in-kind contributions and indirect administrative support.

Please answer the following questions.

1. What is the station's fiscal year (e.g. begins July 1 and ends June 30)? _____
2. What is the station's NFFS for fiscal year 2022? \$ _____
3. Does the station's revenue for fiscal year 2022 include in-kind contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include additional information as Exhibit 11(iii).
4. Does the station's revenue for fiscal year 2022 include indirect administrative support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include additional information as Exhibit 11(iv).
5. What is the station's non-federal operating budget for fiscal year 2023, including direct, in-kind, and indirect income? \$ _____
6. What is the station's estimated non-federal operating budget for fiscal year 2024, including direct, in-kind, and indirect income? \$ _____

7. How often are the station's financial statements prepared (e.g. monthly, quarterly, annually)? _____

8. Are the financial statements prepared internally or externally? _____

9. Has the station ever had a financial audit? **Yes** **No**

If yes, please answer question 10 and attach a copy of the audit as Exhibit 11(vi), otherwise go to question 11.

10. a) What fiscal period did the last audited financial statements cover (e.g. fiscal year beginning 7/1/2021 and ending 6/30/2022)? _____

b) Was that audit conducted by an independent public accountant, state audit agency or internal audit department? **Yes** **No**

c) Did that audit report include a qualified opinion, disclaimer of opinion, or adverse opinion? **Yes** **No**

If yes, please explain and attach as Exhibit 11(vii).

d) Did the station's most recent audit report express concern about the station's ability to continue as a going concern? **Yes** **No**

If yes, please explain and attach as Exhibit 11(viii).

11. Discrete Accounting: Applicants must use unique accounting codes for CSG revenues and expenses – restricted and unrestricted. Specifically, the accounting systems must be able to generate a report showing CSG revenues and how they were expended, using unique accounting codes. These accounts may not include non-CSG revenues or expenses.

Does Applicant comply with this Discrete Accounting Requirement? **Yes** **No**

If yes, please identify the four unique accounting codes that Applicant has created to track CSG funds in its financial accounting system.

Code CSG Unrestricted Revenues: _____

Code CSG Restricted Revenues: _____

Code CSG Unrestricted Expenses: _____

Code CSG Restricted Expenses: _____

If no, will Applicant promptly implement unique accounting codes to track CSG funds within its accounting system if awarded a CSG? **Yes** **No**

Exhibit 11. Please attach the following as Exhibit 11 in the order specified.

- i. The station's 2022 CPB Annual Financial Summary Report (FSR) available [here](#). Please round all numbers to the nearest dollar;
- ii. The station's fiscal year 2022 financial statements, audited or unaudited, which include the components listed [here](#), and any additional documents used to prepare the FSR.
- iii. See Question 3. Required information [here](#);

- iv. See Question 4. Required information [here](#);
- v. A detailed operating budget for the station's 2023 fiscal year and a projected budget for the station's 2024 fiscal year. Include an itemization of income sources and NFFS for each fiscal year;
- vi. See Question 9;
- vii. See Question 10.c; and
- viii. See Question 10.d.

XII. Audience Service Criteria

Please refer to Part I, Section 7 of the General Provisions for additional information.

Stations must demonstrate their community support through their Listening Index (LI) or Community Financial Support Index (CFSI). The LI is the measurable level of listening relative to its CAP, and the CFSI is the measurable level of community financial support relative to its CAP.

Please answer the following questions.

1. What is the station's LI for fiscal year 2022? _____
2. What is the station's Community Financial Support (CFS) for fiscal year 2022, defined in Part II (L) of the General Provisions? ¹ \$ _____
3. What is the station's CFSI for fiscal year 2022? _____

Exhibit 12. Please explain how the LI, CFS and CFSI were determined and attach as Exhibit 12.

XIII. Anticipated Changes to Applicant

Please answer the following question.

1. To the best of your knowledge, are any changes expected within the next 36 months that would alter the responses provided to questions in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the anticipated changes and attach as Exhibit 13.

Exhibit 13. See Question 1.

¹ Applicants must calculate CFS using the revenue lines in the FY 2022 Annual Financial Summary Report (FSR). The FSR is Exhibit 11 (i).

Representations, Warranties and Signatures

This Agreement must be executed by the Licensee Official and the Head of Station. The Licensee Official for community licensees is the licensee's governing body chair or vice chair; for other licensees, it is the licensee's governing body chair or vice chair, or a designated senior level representative, who is not a member of the station's management and who has the authority to enter into binding contracts on the licensee's behalf. The Head of Station is the highest-ranking representative of the station's management responsible for station operations, such as its president and chief executive officer.

The Licensee Official and the Head of Station recognize that providing false information to CPB to obtain any CPB grant may subject them and Applicant to penalties under the Federal False Claims Act, 31 U.S.C. §§3729-3733 and [CPB's CSG Non-compliance Policy](#). Further, the Licensee Official and Head of Station represent and warrant that:

- A. the information provided in this application is true and accurate;
- B. Applicant complies with all the terms and conditions herein and in the [General Provisions](#); and
- C. Applicant shall promptly notify CPB at csq@cpb.org, of its failure to comply with any of the requirements set forth in this application and in the General Provisions.

LICENSEE OFFICIAL

_____	_____
Name	Title
_____	_____
Signature	Date
_____	_____
Email Address	Phone Number

HEAD OF STATION

_____	_____
Name	Title
_____	_____
Signature	Date
_____	_____
Email Address	Phone Number