



Corporation
for Public
Broadcasting

Radio Community Service Grant Application for Fiscal Year 2018

All information provided to the Corporation for Public Broadcasting (CPB) is subject to independent verification.
CPB will make eligibility determinations at its sole discretion.

Station Call Letters _____

Name of Person Completing Application _____

Position Title _____

Direct Telephone Number () _____ **Email** _____

| | | | | | |
|---|---|-----------|-----------|----------|--|
| 1 | Main (Flagship) Station Call Letters | | Frequency | | |
| 2 | Station Mailing Address | Address 1 | | | |
| | | Address 2 | | | |
| | | City | | | |
| | | State | | Zip Code | |
| 3 | Email address for General Manager | | Website | | |
| 4 | Station Phone # | | Fax # | | |
| 5 | Date Licensed | | | | |
| 6 | Date On-Air | | | | |
| 7 | Licensee ¹ Name – per the FCC ² | | | | |
| 8 | Licensee's Governing Body | | | | |

¹ As defined in Part II (DD) of the FY 2017 Radio CSG General Provisions & Eligibility Criteria.

² Federal Communications Commission

Instructions

Please review each statement in the Radio Community Service Grant (CSG) Application for Fiscal Year 2018 and, where indicated, provide the requested information or check the appropriate column identified as “Yes” or “No”.

Applicants seeking to enter the CSG program must comply with the criteria listed in this application and the [FY 2017 Radio CSG General Provisions and Eligibility Criteria \(General Provisions\)](#) at the time of application. Please refer to the General Provisions and the [Communications Act Compliance](#) booklet when completing this application. These documents may be found on [CPB's website](#).

The terms used in this application are defined in the [General Provisions](#). The term “Applicant” means the Licensee and its noncommercial educational radio station.

Applications must be postmarked no later than 5:30 p.m. Eastern Daylight Time, May 12, 2017. Keep a copy of the application for your records and mail the completed (original and signed) application to:

Andrew Charnik
Director, Radio CSG Policy & Administration
Corporation for Public Broadcasting
401 Ninth Street, NW
Washington, DC 20004-2129

1. Communications Act Requirements

A. Communications Act. 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 CSG. Please refer to [Communications Act Compliance](#) for additional information concerning the Act's requirements.

B. Table. Please answer the following questions.

| | | Response | | Question | | | | | | | | | | | | |
|-------------------------------------|-----|----------|--|---|------------------------------------|--|----------------------------|--|-----------------------------|--|-------------------------------------|--|----------------------------------|--|-----------------------------------|--|
| 1. | Yes | No | <p>Open Meetings Meetings of Applicant's board/governing body, board/governing body committees and 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.</p> <p>Does Applicant meet this requirement?</p> | | | | | | | | | | | | | |
| | | | <p>If yes, identify which of the following CPB-required methods it uses to provide notice:</p> <p><input type="checkbox"/> posting notice on its station website;</p> <p><input type="checkbox"/> broadcasting notice on-air between 6 a.m. and 11 p.m., as shown by the station's log;</p> <p><input type="checkbox"/> placing notice in the "Legal Notices" section of a local newspaper in general circulation in the station's primary coverage area; or</p> <p><input type="checkbox"/> giving notice through a recorded announcement accessible on the station's phone system.</p> | | | | | | | | | | | | | |
| 2. | Yes | No | <p>Closed Meetings Applicant must document why any of its board/governing body, board/governing body committees and CAB meetings 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.</p> <p>Does Applicant comply with these requirements?</p> | | | | | | | | | | | | | |
| | | | <p>Has Applicant designated a person responsible for documenting the reasons for closing meetings of the board/governing body, its committees, or meetings of the CAB?</p> | | | | | | | | | | | | | |
| | | | | <p>If so, please furnish the information requested below even if Applicant posts the documentation on the station website.</p> <table border="1"> <tr> <td>Date of Most Recent Closed Meeting</td> <td></td> </tr> <tr> <td>Name of Responsible Person</td> <td></td> </tr> <tr> <td>Title of Responsible Person</td> <td></td> </tr> <tr> <td>Location of Documentation (Address)</td> <td></td> </tr> <tr> <td>Location of Documentation (City)</td> <td></td> </tr> <tr> <td>Location of Documentation (State)</td> <td></td> </tr> </table> | Date of Most Recent Closed Meeting | | Name of Responsible Person | | Title of Responsible Person | | Location of Documentation (Address) | | Location of Documentation (City) | | Location of Documentation (State) | |
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| Location of Documentation (Address) | | | | | | | | | | | | | | | | |
| Location of Documentation (City) | | | | | | | | | | | | | | | | |
| Location of Documentation (State) | | | | | | | | | | | | | | | | |

| | | Response | Question |
|----|-----|----------|---|
| 3. | Yes | No | <p>Open Financial Records</p> <p>The open financial records provisions of the Act 47 U.S.C. § 396(k)(5) requires Applicants make available to the public their annual financial and audit reports and other financial information they are required to provide to CPB. CPB also requires that Applicants post the following documents on its station website:</p> <ul style="list-style-type: none"> • Applicant’s most recent audited financial statement or un-audited financial statement for stations exempt from providing audited financial statements, and • Applicant’s most recent AFR or FSR (whichever is applicable) (47 U.S.C. § 396(k)(5)). <p>Does the Applicant comply with these requirements?</p> |
| | | | |
| 4. | Yes | No | <p>Community Advisory Board</p> <p>Applicants other than those owned by a state, a political or special purpose subdivision of a state or a public agency must have a community advisory board (CAB) (47 U.S.C. § 396(k)(8)). The CAB responsibilities include:</p> <ul style="list-style-type: none"> • 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. <p>Is Applicant required by the Communications Act to maintain a CAB?</p> |
| | | | <p>If yes, does the CAB advise the board/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? If yes, please answer the following questions.</p> |
| | | | <p>A. The date of the CAB’s most recent communication of advice and/or recommendations to the station’s board/governing body:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>B. How does the Applicant’s CAB communicate its advice and recommendations to the station’s board/governing body (such as written reports, CAB presentations to the board/governing body, or through a station executive who attends CAB meetings)? (500 characters)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |

| | | Response | Question | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|----------------|-------------------------------------|--|--|----------------|-------------------------------------|-------------------------------------|------|--|--|--|-------|--|--|--|-------|--|--|--|---------|--|--|--|------|--|--|--|-------|--|--|
| 5. | Yes | No | <p>CPB Employment Statistical Report</p> <p>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. Applicants meet these requirements through the annual Employment Statistical Report to CPB (provided as part of its Station Activities Survey (SAS)).</p> <p>Does Applicant comply with each of these requirements?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <p>The Act also requires Applicant to make the data in its Employment Statistical Report available for public inspection at its central office and at each other location with six or more FTEs (defined in the General Provisions) (47 U.S.C. § 396(k)(11)).</p> <p>Does Applicant make its Employment Statistical Report available to the public as required? If yes, please provide the following information on the person(s) responsible for making this report available to the public at Applicant's offices.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th></th> <th>Central Office</th> <th>Additional Location (if applicable)</th> <th>Additional Location (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Title</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Email</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City</td> <td></td> <td></td> <td></td> </tr> <tr> <td>State</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Central Office | Additional Location (if applicable) | Additional Location (if applicable) | Name | | | | Title | | | | Email | | | | Address | | | | City | | | | State | | |
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| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Yes | No | <p>Donor Information</p> <p>Applicants are barred, unless required by law, from disclosing Personal Information of contributors or donors to any Nonaffiliated Third Party (these terms are defined in the General Provisions), unless Applicant meets the following Communications Act requirements (47 U.S.C. § 396(k)(12)):</p> <ul style="list-style-type: none"> clearly and conspicuously notifies the contributor or donor 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. <p>Does Applicant disclose the Personal Information of contributors or donors to any Nonaffiliated Third Party? If yes, how does the Applicant provide notification to contributors or donors (such as posting on the station's website or advising the contributor or donor using written correspondence or email)?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- C. Exhibit 1. Please attach the following information as Exhibit 1 in the order specified. Refer to the [Communications Act Compliance](#) booklet, Section IV for additional information concerning the CAB requirements.
- i. If Applicant is required to maintain a CAB, please describe the specific duties of the CAB, its structure, its effective date, and method of appointing CAB members; or
 - ii. If Applicant is not required to maintain a CAB, please attach a memo explaining why.

2. Selected General Provisions Requirements

A. Table. Please answer the following questions.

| | Response | | Question |
|----|----------|----|---|
| | Yes | No | |
| 1. | | | <p>Website Postings Required</p> <p>At a minimum, Applicant must post the following on its station website:</p> <ul style="list-style-type: none"> • Station Management: A list of station senior/executive management (names, titles and contact information); • Board/Governing Body: A list of the members of its board/governing body; • CAB Members: A list of CAB members (for stations that maintain a CAB pursuant to the Communications Act); and • Financial Records as required by the General Provisions (audited or unaudited financial statements and the AFR or FSR). <p>Applicant must make the following documents available to the public upon request:</p> <ul style="list-style-type: none"> • Diversity Statement and • Local Content and Service Report. <p>Does Applicant comply with these requirements?</p> |

3. Sole Service and Minority Audience Service Station

A. Table. Please answer the following questions.

| | Yes | No | Question |
|----|--|----|--|
| 1. | | | Sole Service Station: Does Applicant's station qualify as a Sole Service station pursuant to the General Provisions, Part II (NN)? |
| 2. | | | Minority Audience Service Station (MASS): Does Applicant's station qualify as a MASS, as defined in the General Provisions, Part II (GG)? ³ |
| 3. | If Applicant's response to Question 2 is yes, please describe which criterion Applicant's station meets (i.e., 1, 2, 3a, 3b, or 3c). | | |

B. Exhibit 3. If Applicant's response to Question 1 or 2 is yes, please attach as Exhibit 3 the documentation that substantiates the same.

³ For Part II (GG. 1), Applicant's station must meet a measured minority audience composition (cume) greater than 51 percent averaged over the previous three consecutive measured quarters.

4. Licensee

A. Table. Please answer the following questions.

| | Yes | No | Questions |
|----|-----|----|--|
| 1. | | | Does the Applicant operate a station (AM or FM) which is on the air, operating as a full power noncommercial, educational radio station under a valid, renewable license issued by the United States government? |
| 2. | | | Is the Applicant in full compliance with all applicable FCC rules and regulations? |
| 3. | | | Does the Applicant have any ethical standard issues, other issues or violations pending before the FCC? If yes, please explain and attach as Exhibit 4 (A). |
| 4. | | | Has Applicant been assessed a forfeiture by the FCC at any time in the past five years? If yes, please explain and attach as Exhibit 4 (B). |
| 5. | | | Is Applicant's station disqualified as a CSG recipient for any of the reasons set forth in Section 1 (B) of the General Provisions? |

B. Exhibit 4 (A and B). Please attach the explanations requested for question 3 as Exhibit 4 (A), and the explanations requested for question 4 as Exhibit 4 (B).

C. Exhibit 4 (C): Please attach as Exhibit 4 (C) the following information in the order specified.

- i. A copy of the Applicant's FCC Broadcast Station License. If the License is expired, also attach proof of filing for renewal of the License;
- ii. A copy of the Applicant's latest FCC's Ownership Report; and
- iii. A list of the names of the Licensee's governing body, and the dates each member's term expires.

6. Operating Power: Section 4 (B) of the General Provisions

A. Table: Please answer the following questions.

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

B. Exhibit 6: Please attach as Exhibit 6 a coverage area map for Applicant's station, using the contours specified in Part II (N) of the General Provisions.

7. Broadcast Schedule: Section 4 (C) of the General Provisions

A. Please answer the following questions.

| | Yes | No | Question |
|----|------------|-----------|---|
| 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 as required in Section 4 (C) of the General Provisions? |
| 2. | | | Is Applicant's station a shared time station? |
| 3. | | | If Applicant answered yes to Question 2, does the stated time station operate at the maximum level authorized by the FCC and meet the broadcast schedule requirements in Question 1? |
| 4. | | | 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? |

8. Programming: Section 4 (C & D) of the General Provisions

A. Table. Please answer the following questions.

| | Yes | No | Question |
|----|---|----|---|
| 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 (P) of the General Provisions) pursuant to Section 4 (C) of the General Provisions? |
| 2. | What is Applicant's station's primary format? | | |
| 3. | | | Does Applicant's station meet the locally originated program service requirement in Section 4 (D) of the General Provisions? |

B. 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 last two Spring survey periods.

9. Facilities: Section 4 (E) of the General Provisions

A. Table. Please answer the following questions.

| | Yes | No | Questions |
|----|--|-----------|---|
| 1. | | | Does Applicant's station meet the facilities requirements in Section 4 (E) of the General Provisions? |
| 2. | | | Does Applicant's station have production and studio facilities that are separate from its on-air control rooms? |
| 3. | | | Does Applicant's station have combination control room/studio(s)? |
| 4. | How many offices does the station use? | | |
| 5. | What is the total floor space (in square feet) of the station's offices? | | |
| 6. | What is the total floor space (in square feet) of the station? | | |

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

- i. A copy of the station's floor plan with control rooms, studios, production facilities, and offices (with a footage key); and
- ii. A list of the major items in each control room and studio and a list of production equipment.

10. Staff: Section 5 of the General Provisions

- A. Staffing. Full-Time (FT) employees and Full-Time-Equivalent employees (FTE)⁴ that do not meet CPB’s staffing requirements are identified in Section 5 (B & C) of the General Provisions.
- B. Applicant’s station must have at least two FT employees (one may be satisfied with FTE) unless they qualify as a Level A or MASS station, as determined by CPB.
- C. Table. Please answer the following questions.

| | Yes | No | Questions |
|----|---|----|---|
| 1. | | | Does Applicant’s station have at least two FT employees or FTEs who are not disqualified pursuant to Section 5 (B & C) of the General Provisions? |
| 2. | How many hours constitute a normal work week for the Applicant’s employees? | | |

- D. Exhibit 10. Please attach as Exhibit 10 the following information in the order specified.
 - i. Please complete Exhibit 10 (i) and identify all FT employees and FTEs that are not disqualified pursuant to Section 5 (B & C) of the General Provisions;
 - ii. A resume detailing the professional broadcast background of each FT and FTE 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 2016 Station Activities Survey (SAS-Radio) in MS Excel which is available on the [Station Activities Survey](#) page on CPB’s website. Applicant will not have access to use the online version.

⁴ As defined in Part II (Z and AA) of the General Provisions.

EXHIBIT 10 (i)

List all FT employees and FTEs that are not disqualified pursuant to Section 5 (B & C) of the General Provisions.

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

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

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

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

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

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

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

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

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

11. Financial Information & Non-Federal Financial Support

- A. Financial Information & NFFS. Applicants must provide CPB with their fiscal year 2016 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 2016 Financial Reporting Guidelines for Preparing the AFR and FSR](#) and the [Application of Principles of Accounting and Financial Reporting to Public Telecommunications Entities, May 2005 Edition](#).

| | Questions | Response | |
|-----|---|----------|----|
| 1. | What is the station's fiscal year ending date? | | |
| 2. | What is the station's 2016 fiscal year NFFS? | | |
| 3. | Does the station's 2016 fiscal year revenue include in-kind contributions? (If yes, additional information must be attached in Exhibit 11.) | Yes | No |
| | | | |
| 4. | Does the station's 2016 fiscal year revenue include indirect administrative support? (If yes, additional information must be attached in Exhibit 11.) | Yes | No |
| | | | |
| 5. | What is the station's total non-federal operating budget for its 2017 fiscal year, including direct, in-kind, and indirect income? | | |
| 6. | What will be the total non-federal operating budget for the station's 2018 fiscal year, including direct, in-kind, and indirect income? | | |
| 7. | How often are the station's financial statements prepared (i.e. monthly, quarterly, annually)? | | |
| 8. | Are the financial statements produced internally or externally? | | |
| 9. | Has the station ever had an annual financial audit? | Yes | No |
| | | | |
| | If the answer to question 9 is "yes" please answer questions 10-13. | | |
| 10. | <ul style="list-style-type: none"> What fiscal period did the last audited financial statements cover (e.g. fiscal year ending 6/30/16)? | | |
| 11. | <ul style="list-style-type: none"> Was the audit conducted by an independent public accountant, state audit agency or internal audit department? | Yes | No |
| | | | |
| 12. | <ul style="list-style-type: none"> Did the auditor issue a qualified opinion, disclaimer of opinion, or adverse opinion? Please indicate which if any. <hr/> | | |
| 13. | <ul style="list-style-type: none"> Did the station's most recent audit report express concern about the station's ability to continue as a going concern? | | |

| | | | | | | | | | | | |
|--|---|---------------------------------|----|-------------------------------|--|---------------------------------|--|-------------------------------|--|--|--|
| 14. | Has the Applicant created accounting codes to track CSG restricted and unrestricted revenues and expenditures as required in Section 3 (D) of the General Provisions? | Yes | No | | | | | | | | |
| | | | | | | | | | | | |
| If the answer to question 14 is "yes", please identify four codes used by Applicant. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Code CSG Unrestricted Revenues:</td> <td></td> </tr> <tr> <td>Code CSG Restricted Revenues:</td> <td></td> </tr> <tr> <td>Code CSG Unrestricted Expenses:</td> <td></td> </tr> <tr> <td>Code CSG Restricted Expenses:</td> <td></td> </tr> </table> | | Code CSG Unrestricted Revenues: | | Code CSG Restricted Revenues: | | Code CSG Unrestricted Expenses: | | Code CSG Restricted Expenses: | | | |
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| Code CSG Restricted Expenses: | | | | | | | | | | | |

B. Minimum NFFS and Direct Revenues: Stations must meet the minimum NFFS and NFFS direct revenue as indicated in the table below. CPB will determine the Applicant's CSG level after reviewing its application.

| CSG Level | Minimum NFFS | Minimum NFFS Direct Revenue ⁵ |
|-------------------------------------|--------------|--|
| A (Sole Service) | N/A | N/A |
| B/C (both MASS & RASS) ⁶ | \$100,000 | \$50,000 |
| B & C | \$300,000 | \$150,000 |
| D | \$500,000 | \$250,000 |

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

- i. The station's 2016 CPB Annual Financial Summary Report (FSR) available [here](#). Please round all numbers to the nearest dollar;
- ii. A copy of the station's fiscal year 2016 financial statements, audited or unaudited, which include the components listed [here](#);
- iii. If the Applicant's response to question 3 was "Yes", please provide additional information described [here](#);
- iv. If the Applicant's response to question 4 was "Yes", please provide additional information described [here](#);
- v. A detailed operating budget for the station's 2017 fiscal year and a projected budget for the station's 2018 fiscal year. Include an itemization of income sources and NFFS for each year;
- vi. If the Applicant's response to question 9 was "Yes", please attach a copy of the most recent audit; and
- vii. If the Applicant's response to either question 12 or 13 was "Yes", please provide any explanatory information.

⁵ NFFS direct revenue is total NFFS revenue less revenue for in-kind contributions and indirect administrative support.

⁶ Stations that must have a minimum NFFS of \$100,000 include Minority Audience Service Stations (MASS) with a minority cume composition of at least 75% and stations that meet the criteria for both Minority Audience Service Station (MASS) and Rural Audience Service Station (RASS).

12. Audience Service Criteria: Section 7 of the General Provisions

- A. ASC. Stations must demonstrate its community support through its Listening Index (LI) or Community Financial Support Index (CFSI), calculated as set forth in Section 7 (C) of the General Provisions.

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.

CPB will determine the Applicant's CSG level after reviewing the station's application.

- B. Table. Please answer the following questions.

| | Questions | |
|----|---|--|
| 1. | What is station's LI for fiscal year 2016? | |
| 2. | What is the station's Community Financial Support (CFS) for fiscal year 2016, defined in Section II (K) of the General Provisions? ⁷ | |
| 3. | What is the station's CFSI for fiscal year 2016? | |

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

⁷ Applicants must calculate CFS using the lines set forth for the Annual Financial Summary Report (FSR) completed as Exhibit 11 (i) of the application.

Signatures

- A. The officials named below represent and warrant that:
1. The information provided in this application is true and accurate;
 2. Applicant complies with all the terms and conditions herein and in the [General Provisions](#);
 3. Applicant shall promptly notify CPB at csg@cpb.org, of its failure to comply with any of the requirements set forth in this application and in the General Provisions; and
 4. Applicant recognizes that by providing false information to obtain a CSG or any other CPB awarded grant may subject the Applicant to penalties under the False Claims Act, 31 U.S.C. §§ 3729-3733 and CPB's CSG Non-compliance Policy.
- B. This application is executed by the two individuals below.
1. The Licensee Official:
 - i. the chair of the Licensee's governing board; or
 - ii. a designated senior level representative of the Licensee, who is not a member of the station's management and who has the authority to enter into binding contracts and agreements on behalf of the Licensee; and
 2. The Head of Station: The highest ranking representative of the station's management responsible for station operations, such as its president and chief executive officer.

Licensee Official Name and Title

Licensee Official Signature

Date

Licensee Email Address and Phone Number

Head of Station Name and Title

Head of Station Signature

Date

Head of Station Email Address and Phone Number