



Corporation
for Public
Broadcasting

Radio Community Service Grant Application for Fiscal Year 2019

All information Applicants provide to the Corporation for Public Broadcasting (CPB) with this application are subject to independent verification. CPB will make eligibility determinations at its sole discretion. Applicants must be compliant with the requirements in this application and the [FY 2018 Radio CSG General Provisions and Eligibility Criteria \(General Provisions\)](#) at the time of application.

Station Call Letters _____

Name of Person Completing Application _____

Position Title _____

Organization Name _____

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

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

Instructions

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](#). Unless otherwise specified, 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 11, 2018. Keep a copy of the application for your records and mail the completed (original and signed) application to:

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.

	Yes	No	Question										
1.			<p>Open Meetings Meetings of Applicant's board/governing body, board/governing body 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.</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>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>	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)													

	Yes	No	Question
3.			<p>Open Financial Records</p> <p>The open financial records provisions of the Act require 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:</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). <p>Does 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). 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 (47 U.S.C. § 396(k)(8)). <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?</p> <p>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 (example 00/00/0000): _____ / ____ / 20____</p> <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)?</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

	Yes	No	Question																												
5.			<p>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 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:</p> <ul style="list-style-type: none"> • its central office; and • each other location with six or more FTEs (defined in the General Provisions) (47 U.S.C. § 396(k)(11)). <p>Does Applicant make its Employment Statistical Report available to the public as required?</p> <p>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 data-bbox="500 919 740 989"></th> <th data-bbox="740 919 992 989">Central Office</th> <th data-bbox="992 919 1265 989">Additional Location (if applicable)</th> <th data-bbox="1265 919 1531 989">Additional Location (if applicable)</th> </tr> </thead> <tbody> <tr> <td data-bbox="500 989 740 1150">Name of Responsible Person</td> <td data-bbox="740 989 992 1150"></td> <td data-bbox="992 989 1265 1150"></td> <td data-bbox="1265 989 1531 1150"></td> </tr> <tr> <td data-bbox="500 1150 740 1312">Title of Responsible Person</td> <td data-bbox="740 1150 992 1312"></td> <td data-bbox="992 1150 1265 1312"></td> <td data-bbox="1265 1150 1531 1312"></td> </tr> <tr> <td data-bbox="500 1312 740 1474">Email of Responsible Person</td> <td data-bbox="740 1312 992 1474"></td> <td data-bbox="992 1312 1265 1474"></td> <td data-bbox="1265 1312 1531 1474"></td> </tr> <tr> <td data-bbox="500 1474 740 1635">Responsible Person Address</td> <td data-bbox="740 1474 992 1635"></td> <td data-bbox="992 1474 1265 1635"></td> <td data-bbox="1265 1474 1531 1635"></td> </tr> <tr> <td data-bbox="500 1635 740 1797">Responsible Person City</td> <td data-bbox="740 1635 992 1797"></td> <td data-bbox="992 1635 1265 1797"></td> <td data-bbox="1265 1635 1531 1797"></td> </tr> <tr> <td data-bbox="500 1797 740 1969">Responsible Person State</td> <td data-bbox="740 1797 992 1969"></td> <td data-bbox="992 1797 1265 1969"></td> <td data-bbox="1265 1797 1531 1969"></td> </tr> </tbody> </table>		Central Office	Additional Location (if applicable)	Additional Location (if applicable)	Name of Responsible Person				Title of Responsible Person				Email of Responsible Person				Responsible Person Address				Responsible Person City				Responsible Person State			
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	Yes	No	Question
6.			<p>Donor Information</p> <p>The Act bars stations from renting contributor names, donor names, 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.</p> <p>The Act also bars Applicants, unless required by law, from disclosing a contributor or donor's Personal Information to any Nonaffiliated Third Party, unless Applicant:</p> <ul style="list-style-type: none"> • clearly and conspicuously notifies the 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)). <p>Does Applicant disclose the Personal Information of contributors or donors to any Nonaffiliated Third Party?</p> <p>If yes, please describe below how the Applicant provides 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)?</p> <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></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

Please answer the following questions.

	Yes	No	Question
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 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); and • Financial Statement: Most recent audited or unaudited financial statements. <p>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:</p> <ul style="list-style-type: none"> • Diversity Statement and • Local Content and Service Report. <p>Does Applicant comply with these requirements?</p>
2.			<p>Annual Training Requirement</p> <p>Applicant must complete at least one CPB-sponsored compliance training session annually. Online training is available at CPB's CSG training website.</p> <p>Will Applicant comply with this requirement?</p>
3.			<p>Annual Harassment Prevention Training Requirement</p> <p>Applicant must provide annual workplace harassment prevention training to their officers, employees and interns.</p> <p>Will Applicant comply with this requirement?</p>

3. Sole Service and Minority Audience Service Station

1. Table. Please answer the following questions.

	Yes	No	Question
1.			Sole Service Station: Does Applicant's station meet the definition of a Sole Service station as defined in the General Provisions, Part II (NN)?
2.			Minority Audience Service Station (MASS): Does Applicant's station meet the definition of a MASS as defined in the General Provisions, Part II (GG)? If yes, please circle which of the following criteria it meets: 1, 2, 3a, 3b, or 3c.

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

4. Licensee

A. Table. Please answer the following questions.

	Yes	No	Questions
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 Federal Communications Commission (FCC) assigned power?
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 (i).
4.			Has Applicant had any issues before the FCC at any time in the past five years, regardless of whether a forfeiture was assessed? If yes, please explain and attach as Exhibit 4 (ii).
5.			The following radio stations are not eligible to receive a CSG: 1. closed-circuit or carrier current stations; 2. stations that are managed and operated by and for students; 3. stations that primarily provide training programming to Licensee employees, clients, and/or representatives; and 4. stations licensed to political organizations. Is Applicant ineligible to receive a CSG for any of the reasons above?
6.	Name of Licensee's governing body		
7.	Date of incorporation		

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

- i. If the Applicant's response to question 3 is "Yes", please provide additional information described;
- ii. If the Applicant's response to question 4 is "Yes", please provide additional information described;
- iii. 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;
- iv. A copy of the Applicant's latest FCC Ownership Report;
- v. The Licensee's governing body members and their terms; and
- vi. A copy of the Licensee's articles of incorporation.

5. Additional Broadcast Operations

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

A. Table. Please answer the following question.

Yes	No	Questions
		<p>Does Applicant own and/or operate any other television or radio station that is qualified by CPB to receive a CSG?</p> <p>If yes, please identify each station's call letters and location.</p> <div data-bbox="431 520 1390 688" style="border: 1px solid black; height: 80px; width: 100%;"></div>

B. Table. Please list any additional stations, repeaters, and/or translators owned and operated by the Licensee in the table below.

Call Letters	Frequency	City, State	Format

6. Operating Power

Please refer to Section 4 (B) of the General Provisions for additional information.

A. Table: Please answer the following questions.

	Yes	No	Questions												
1.			<p>Does Applicant's station meet the operating power requirements set forth in Section 4 (B) of the General Provisions?</p> <p>Please complete the applicable information below.</p>												
			<table border="1"> <tr> <td rowspan="3">FM</td> <td></td> <td>Watts ERP Horizontal</td> </tr> <tr> <td></td> <td>Watts ERP Vertical</td> </tr> <tr> <td></td> <td>Height Above Average Terrain (HAAT)</td> </tr> <tr> <td rowspan="2">AM</td> <td></td> <td>Watts Daytime</td> </tr> <tr> <td></td> <td>Watts Nighttime</td> </tr> </table>	FM		Watts ERP Horizontal		Watts ERP Vertical		Height Above Average Terrain (HAAT)	AM		Watts Daytime		Watts Nighttime
			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 (CAP) (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

Please refer to Section 4 (C) of the General Provisions for additional information.

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?
2.			Is Applicant's station a shared time station?
3.			If Applicant answered yes to Question 2, does the shared time station operate at the maximum level authorized by the FCC and meet the broadcast schedule requirements in Question 1?
4.			<p>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?</p> <p>If yes, please describe the restriction.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

8. Programming

Please refer to Section 4 (C & D) of the General Provisions for additional information.

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)?
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?

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

Please refer to Section 4 (E) of the General Provisions for additional information.

A. Table. Please answer the following questions.

	Yes	No	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?
2.			Does Applicant's station provide sufficient office space suitable for station operations?
3.			Does Applicant's station have production and studio facilities that are separate from its on-air control rooms?
4.			Does Applicant's station have combination control room/studio(s)?
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?		

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. Staffing

Below are the staffing requirements that the Applicant must meet. Please refer to the General Provisions for additional information about the CSG levels.

- CSG Level A: No minimum staffing requirement;
- CSG Level B: Minimum of two full-time (minimum of one FT and one FTE) employees; and
- CSG Levels C and D: Four (minimum of two FT and two FTEs).

Full-Time Employees (FT employees) are defined as permanent personnel of the 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 FT 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 (FTEs) are defined as two or more employees who, collectively, satisfy the criteria for an FT employee. However, an FTE need not receive all benefits that Applicant or a parent company, subsidiary, affiliate, or third-party operator under contract with Applicant provides to its FT employees.

Positions funded by the CSG shall not be counted toward satisfying the required FT employee or FTE 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.

A. 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?		

B. 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 employee 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 2017 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.

EXHIBIT 10 (i)

List all FT employees and FTEs that are not disqualified pursuant to 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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

Name		
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Name		
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Annual Salary		
Salary Source		
Employee receives normal benefits provided by the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

Name		
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Hours per week devoted to radio station duties		
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Employee receives normal benefits provided by the licensee?	Yes	No
Start Date		

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Employee receives normal benefits provided by the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

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 the licensee?	Yes	No
Start Date		

11. Financial Information & Non-Federal Financial Support

- A. Financial Information & NFFS. Applicants must provide CPB with their fiscal year 2017 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 2017 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](#).

Please answer the following questions.

	Questions	Response	
1.	What is the station's fiscal year?		
2.	What is the station's 2017 fiscal year NFFS?	\$	
3.	Does the station's 2017 fiscal year revenue include in-kind contributions?	Yes	No
	If yes, additional information must be attached in Exhibit 11.		
4.	Does the station's 2017 fiscal year revenue include indirect administrative support?	Yes	No
	If yes, additional information must be attached in Exhibit 11.		
5.	What is the station's non-federal operating budget for its 2018 fiscal year, including direct, in-kind, and indirect income?	\$	
6.	What is the station's estimated non-federal operating budget for its 2019 fiscal year, 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 questions 10-13.		
10.	What fiscal period did the last audited financial statements cover (e.g. fiscal year ending 6/30/2017)?		
11.	Was that audit conducted by an independent public accountant, state audit agency or internal audit department?	Yes	No
12.	Did that audit report include a qualified opinion, disclaimer of opinion, or adverse opinion?		
13.	Did the station's most recent audit report express concern about the station's ability to continue as a going concern?		

14.	Applicants must comply with the Discrete Accounting Requirement, i.e. CSG recipients utilize a unique accounting code that identifies CSG funds – both revenue and expenses, restricted and unrestricted – so that CPB and its representatives may track those funds within the CSG recipient’s accounting system. Does Applicant comply with the Discrete Accounting Requirement?	Yes	No								
	If the answer to question 14 is “Yes”, please identify the four codes that Applicant has created to track CSG funds in its financial accounting system. <table border="1" style="margin-left: 40px;"> <tr> <td>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:			
Code CSG Unrestricted Revenues:											
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Code CSG Restricted Expenses:											
	If the answer to question 14 is “no”, will Applicant promptly implement unique accounting codes to track CSG funds within its accounting system if awarded a CSG?	Yes	No								

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

- i. The station’s 2017 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 2017 financial statements, audited or unaudited, which include the components listed [here](#);
- iii. If the Applicant’s response to question 3 is “Yes”, please provide additional information described [here](#);
- iv. If the Applicant’s response to question 4 is “Yes”, please provide additional information described [here](#);
- v. A detailed operating budget for the station’s 2018 fiscal year and a projected budget for the station’s 2019 fiscal year. Include an itemization of income sources and NFFS for each year;
- vi. If the Applicant’s response to question 9 is “Yes”, please attach a copy of the most recent audit; and
- vii. If the Applicant’s response to either question 12 or 13 is “Yes”, please provide any explanatory information.

12. Audience Service Criteria

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

ASC. Stations must demonstrate its community support through its 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.

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

A. Table. Please answer the following questions.

	Questions	Response
1.	What is station's LI for fiscal year 2017?	
2.	What is the station's Community Financial Support (CFS) for fiscal year 2017, defined in Section II (K) of the General Provisions? ¹	
3.	What is the station's CFSI for fiscal year 2017?	

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

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

Representations, Warranties and 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. 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