



Corporation  
for Public  
Broadcasting

## Radio Community Service Grant

Application for Fiscal Year 2021

July 2020

Noncommercial educational radio stations applying to the radio Community Service Grant (CSG) program must submit their signed applications to the Corporation for Public Broadcasting (CPB) to the Director, Radio CSG Policy & Administration at [CSG@cpb.org](mailto:CSG@cpb.org) no later than August 13, 2020 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 the noncommercial educational radio station and its licensee, must be compliant at the time of application with the requirements in this application, the [FY 2020 Radio CSG General Provisions and Eligibility Criteria \(General Provisions\)](#), and [these policies](#)<sup>1</sup>. For questions about the Communications Act requirements, please refer to the [Compliance](#) booklet. 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) \_\_\_\_\_

<sup>1</sup> The CPB Board of Directors adopted changes to FY 2021 radio CSG policy on December 9, 2019.

## 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

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. 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)?

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**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.

	<b>Central Office</b>	<b>Additional Location (if applicable)</b>	<b>Additional Location (if applicable)</b>
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 (these 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)?

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**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 Compliance Training Requirement

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

Will Applicant comply with this requirement?  Yes  No

### 2. Annual Harassment Prevention Training Requirement

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

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; and
- 2019 Financial Summary Report.

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 display each of these items. The Financial Summary Report (FSR) template is available in Exhibit 11(i).

### 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 (NN)?  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 (GG)?

Yes  No

If yes, please check below which criteria it 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>
<p>2. Is Applicant in full compliance with all applicable FCC rules and regulations? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>
<p>3. Does Applicant have any ethical standard issues, other issues or violations pending before the FCC? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></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"><li>a. closed-circuit or carrier current stations;</li><li>b. stations that are managed and operated by and for students;</li><li>c. stations that primarily provide training programming to Licensee employees, clients, and/or representatives; and</li><li>d. stations licensed to political organizations.</li></ul> <p>Is Applicant ineligible to receive a CSG for any of the reasons above? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>
<p>6. Name of Licensee's governing body: _____</p> <p>Date of incorporation: _____</p>

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

- i. See Question 3;
- ii. See Question 4;
- iii. A copy of Applicant's FCC Broadcast Station License. If expired, also attach proof of filing for renewal;
- iv. A copy of Applicant's latest FCC Ownership Report;
- v. The names of the Licensee's governing body members and their terms; and
- vi. A copy of the Licensee's articles of incorporation.



## 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
2. Please provide the information below.		
<b>FM</b>		Watts ERP Horizontal
		Watts ERP Vertical
		Height Above Average Terrain (HAAT)
<b>AM</b>		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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
4. Has Applicant converted its station's transmitters to digital (HD)? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
5. What is Applicant's station's Coverage Area Population (CAP) (in persons/km <sup>2</sup> ) calculated in accordance with Part II (N) of the General Provisions? _____		
6. What is Applicant's station's coverage area (in km <sup>2</sup> ) as defined in Part II (N) of the General Provisions? _____		

**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.

## 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:

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## 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 (P) of the General Provisions)? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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"/> <b>Yes</b> <input type="checkbox"/> <b>No</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 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
2. Does Applicant's station provide sufficient office space suitable for station operations? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
3. Does Applicant's station have production and studio facilities that are separate from its on-air control rooms? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
4. Does Applicant's station have combination control room/studio(s)? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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 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.

## X. Staffing Requirements

Below are the minimum staffing requirements that apply to the FY 2021 Radio CSG. 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 (FT employees). CAP categories 4, 5, and 6 have additional FT employee requirements which may be met with Full-Time Equivalent Employees (FTEs). 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 Staff	2 FT	2 FT	2 FT	3 (min. 2 FT)	4 (min. 2 FT)	4 (min. 2 FT)

Stations that qualify as Minority Audience Service Stations may count full-time equivalents (FTEs) toward the FT employee staffing requirement.

FT 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 FT employees; and
3. whose terms of employment require working the number of hours that constitute a normal work week at said institution.

FTEs are 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.

Please answer the following questions.

1. Based on Applicant's station's Coverage Area Population (CAP) (in persons/km<sup>2</sup>) 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 FT employees and FTEs, 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 FT employees and FTEs;
- 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 2019 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 2019 Survey Questions" Excel document, as Applicant will not have access to the online reporting tool.

**EXHIBIT 10 (i)**

List all FT and FTE 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 the licensee?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
Start Date		

## XI. Financial Information & Non-Federal Financial Support

Applicants must provide CPB with their fiscal year 2019 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 2019 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 CSG 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 and 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 2019 fiscal year NFFS? \$ _____
3. Does the station's 2019 fiscal year revenue include in-kind contributions? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, please include additional information as Exhibit 11(iii).
4. Does the station's 2019 fiscal year revenue include indirect administrative support? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, please include additional information as Exhibit 11(iv).
5. What is the station's non-federal operating budget for its 2020 fiscal year, including direct, in-kind, and indirect income? \$ _____
6. What is the station's estimated non-federal operating budget for its 2021 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 and attach a copy of the audit as Exhibit 11(vi), otherwise go to question 14.

10. What fiscal period did the last audited financial statements cover (e.g. fiscal year beginning 7/1/2018 and ending 6/30/2019)?  
\_\_\_\_\_

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?  Yes  No

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

13. 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).

14. 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 2019 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 2019 financial statements, audited or unaudited, which include the components listed [here](#);

- iii. See Question 3. Required information [here](#);
- iv. See Question 4. Required information [here](#);
- v. A detailed operating budget for the station's 2020 fiscal year and a projected budget for the station's 2021 fiscal year. Include an itemization of income sources and NFFS for each fiscal year;
- vi. See Question 9;
- vii. See Question 12; and
- viii. See Question 13.

## 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 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.

Please answer the following questions.

1. What is station's LI for fiscal year 2019? _____
2. What is the station's Community Financial Support (CFS) for fiscal year 2019, defined in Part II (K) of the General Provisions? <sup>2</sup>  \$ _____
3. What is the station's CFSI for fiscal year 2019? _____

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

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<sup>2</sup> Applicants must calculate CFS using the revenue lines in the FY 2019 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 [csg@cpb.org](mailto:csg@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