



Corporation
for Public
Broadcasting

Radio Community Service Grant

Application for Fiscal Year 2020

May 2019

Applications provided to the Corporation for Public Broadcasting (CPB) must be postmarked no later than June 24, 2019. All information is subject to CPB's independent verification. Eligibility determinations will be made by CPB at its sole discretion. Applicants, defined herein as the noncommercial educational radio station and its licensee, must be compliant with the requirements in this application and the [FY 2019 Radio CSG General Provisions and Eligibility Criteria \(General Provisions\)](#) at the time of application. For questions about the Communications Act requirements, please refer to the [Communications Act Compliance](#) booklet. Unless otherwise specified, the terms used in this application are defined in the [General Provisions](#). The signed application (original) must be sent to: Director, Radio CSG Policy & Administration, Corporation for Public Broadcasting, 401 Ninth Street, NW, Washington, DC 20004-2129.

Name of Person Completing Application _____

Position 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 On-air _____

Licensee Name per Federal Communications Commission (FCC) _____

I. Communications Act Requirements

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

Please answer the following questions.

1. Open Meetings

Meetings of Applicant's board/governing body, board/governing body committees and Community Advisory Board (CAB) 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. More than one may be selected.

- 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 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.

Does Applicant comply with these requirements? Yes No

If yes, 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? 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 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 to their station website:

- 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 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 community advisory board (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

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

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 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? Yes No

If yes, please answer the following questions.

- a. The date of the CAB's most recent communication of advice and/or recommendations to the station's board/governing body (Month/Day/Year): ____/____/20____.
- b. How does 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)?

5. CPB Employment Statistical Report

The Act requires Applicant to certify compliance with equal employment opportunity regulations of the 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)).

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

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

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

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

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

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

6. Donor Information

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.

The Act also bars Applicants, unless required by law, from disclosing Personal Information of a contributors or donors to any Nonaffiliated Third Party, unless Applicant:

- 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)).

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

Yes No

If yes, please describe below how 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)?

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

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

II. Selected General Provisions Requirements

Please answer the following questions.

1. 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); and
- Financial Statement: Most recent audited or unaudited financial statements.

Does Applicant comply with these requirements? Yes No

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

2. Annual 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

3. Annual Harassment Prevention Training Requirement

Applicant must provide annual harassment prevention training for all officers, employees, and interns of each station.

Will Applicant comply with this requirement? Yes No

Exhibit 2. If Applicant's response to Question 1 is yes, please attach the following information as Exhibit 2, in the order specified.

- A list of the website addresses and screenshots for each webpage that displays the required information for the following:
 - Station Senior/Executive Management (Names, titles and contact information);
 - Governing Body Names;
 - CAB Members Names (for stations that are required to maintain a CAB pursuant to the Communications Act);
 - Financial Statement: Most recent audited or unaudited financial statements; and
 - The station's 2018 FSR (see Exhibit 11 (i)).
- A list of the website addresses and screenshots for each webpage that displays the Diversity Statement and Local Content and Service Report (if available), otherwise attach copies of the same.

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 of the criteria defined in the General Provisions, Part II (GG) 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.

1. Does Applicant have a valid, renewable license from the United States Government to operate a full power, noncommercial, educational radio station, which is broadcasting at its full FCC assigned power? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is Applicant in full compliance with all applicable FCC rules and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does Applicant have any ethical standard issues, other issues or violations pending before the FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and attach as Exhibit 4 (ii).
5. The following radio stations are not eligible to receive a CSG: a. closed-circuit or carrier current stations; b. stations that are managed and operated by and for students; c. stations that primarily provide training programming to Licensee employees, clients, and/or representatives; and d. stations licensed to political organizations. Is Applicant ineligible to receive a CSG for any of the reasons above? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Name of Licensee's governing body: _____ Date of incorporation: _____

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 the License is expired, also attach proof of filing for renewal of the License;
- 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 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 Section 4 (B) of the General Provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Please provide the information below.		
FM		Watts ERP Horizontal
		Watts ERP Vertical
		Height Above Average Terrain (HAAT)
AM		Watts Daytime
		Watts Nighttime
3. Does Applicant's AM station operate at less than 250 watts at certain times because of its license restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Has Applicant converted its station's transmitters to digital (HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is Applicant's station's Coverage Area Population (CAP) (in persons/km ²) calculated in accordance with Part II (N) of the General Provisions? _____		
6. What is Applicant's station's coverage area (in km ²) 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 Section 4 (C) of the General Provisions for additional information.

Please answer the following questions.

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

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

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

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

If yes, please describe the restriction:

VIII. Programming

Refer to 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"/> Yes <input type="checkbox"/> No
2. What is Applicant's station's primary format? _____
3. Does Applicant's station provide a locally originated program service designed to serve its community's needs and interests? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

IX. Facilities

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

Please answer the following questions.

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

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

- i. A copy of the station's floor plan 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

Below are the staffing requirements that 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 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.

Please answer the following 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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 2018 Station Activities Survey (SAS-Radio) in MS Excel which is available on the [Station Activities Survey](#) page on CPB's website. Please download and complete the "Radio 2018 Survey Questions" Excel document, as Applicant will not have access to the online reporting tool.

EXHIBIT 10 (i)

List all FT and FTE employees 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		
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		

XI. Financial Information & Non-Federal Financial Support

Applicants must provide CPB with their fiscal year 2018 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 2018 Financial Reporting Guidelines](#) and the [Application of Principles of Accounting and Financial Reporting to Public Telecommunications Entities, May 2005 Edition](#).

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 2018 fiscal year NFFS? \$ _____
3. Does the station's 2018 fiscal year revenue include in-kind contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include additional information as Exhibit 11(iii).
4. Does the station's 2018 fiscal year revenue include indirect administrative support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include additional information as Exhibit 11(iv).
5. What is the station's non-federal operating budget for its 2019 fiscal year, including direct, in-kind, and indirect income? \$ _____
6. What is the station's estimated non-federal operating budget for its 2020 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 7/1/2017 and ending 6/30/2018)? _____
11. Was that audit conducted by an independent public accountant, state audit agency or internal audit department? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>12. Did that audit report include a qualified opinion, disclaimer of opinion, or adverse opinion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain and attach as Exhibit 11(vii).</p>
<p>13. Did the station's most recent audit report express concern about the station's ability to continue as a going concern? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain and attach as Exhibit 11(viii).</p>
<p>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.</p> <p>Does Applicant comply with the Discrete Accounting Requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, please identify the four codes that Applicant has created to track CSG funds in its financial accounting system.</p> <p style="margin-left: 40px;">Code CSG Unrestricted Revenues: _____</p> <p style="margin-left: 40px;">Code CSG Restricted Revenues: _____</p> <p style="margin-left: 40px;">Code CSG Unrestricted Expenses: _____</p> <p style="margin-left: 40px;">Code CSG Restricted Expenses: _____</p>
<p>If no, will Applicant promptly implement unique accounting codes to track CSG funds within its accounting system if awarded a CSG? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

- i. The station's 2018 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 2018 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 2019 fiscal year and a projected budget for the station's 2020 fiscal year. Include an itemization of income sources and NFFS for each year;
- vi. See question 9; and
- vii. If Applicant's response to either question 12 or 13 is "Yes", please explain the reasons for each question.

XII. Audience Service Criteria

Please refer to 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.

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

Please answer the following questions.

1. What is station's LI for fiscal year 2018? _____
2. What is the station's Community Financial Support (CFS) for fiscal year 2018, defined in Section II (K) of the General Provisions? ¹ \$ _____
3. What is the station's CFSI for fiscal year 2018? _____

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

This Agreement must be executed by the Licensee Official and the Head of Station. The Licensee Official is the chair of the Licensee's governing board; or 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. 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.

By executing this Agreement the Licensee Official and the Head of Station recognize that by providing false information to obtain any Grant may subject the Grantee 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, 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