

INSTRUCTIONS FOR PART I – Page 1

This form Page 1 of this form is required as a face sheet for applications submitted for Federal assistance from the Public Telecommunications Facilities Program. It will be used by Federal agencies to obtain applicant certification that States that have established a review and comment procedure in response to Executive Order 12372 and have selected the Program to be included in their process have been given an opportunity to review the applicant's submission.

1. **Legal name, organizational unit and full address of applicant.** Please enter a street address since a P.O. Box number cannot be used for overnight delivery.

Enter the call letters and frequency (or channel number, as appropriate) of the public radio or television station that is the subject of this application. If the application is for a repeater, a translator, or LPTV, the main station should be entered here. If the facility has no call letters, please enter "N/A"

PTFP will include the call letters in the mailing of all correspondence regarding this application.
2. **Enter Employer Identification Number (EIN)** assigned by the Internal Revenue Service. The EIN will be redacted prior to disclosure to the public.
3. **DUNS Number.** Enter the DUNS number for your organization as assigned by Dun and Bradstreet, Inc.
4. **Administrative contact information.** Enter name, title, telephone number, fax number and e-mail address of the person PTFP should contact on *administrative* matters related to this application.
5. **Engineering contact information.** Enter the information for the person PTFP should contact on *engineering* matters related to this application.
6. **Reactivation.** If this is a reactivation of an application deferred from last year's PTFP grant cycle; enter "Y" in item 6a and last year's application number in 6b.
7. **Federal Communications Commission (FCC).** If construction and/or operation of the proposed facility requires a new FCC authorization, enter "Y" in item 7 and then complete item 22 on page 2.
8. **Priority/Category.** Enter the Priority or Category listed in §2301.4 of the PTFP Rules under which you request the application be reviewed.
9. **Classify the project.** Applications can be either construction or planning, *but not both*. PTFP uses the term "construction" to mean the purchase of telecommunications equipment rather than for planning a telecommunications project.

Applications may combine elements of **radio** and **television** but rarely combine **broadcast** and **non-broadcast**. The PTFP Application Kit contains suggestions for structuring multi-project applications.
10. **Length of project.** Enter how many months you anticipate needing for completion of the proposed project. Use six month increments (e.g., 12, 18, 24).
11. **Describe type of project.** Check the ONE line that best describes the type of project in your application.

Please indicate in the column you checked (A, B, C or D) the number of people that will benefit from funding.

Number of people served by the project.

FIRST service added: If the project will result in an increase in the number of people receiving your services, please explain and document the increase in an Exhibit. Population to be served in an area with no similar broadcast service (e.g., first public radio service could be a translator in an area with public television but without public radio service).

CURRENTLY served by Applicant: Indicate the population within your station's coverage area (for broadcast projects) or participating in your public telecommunications projects (for nonbroadcast applicants). based on the population covered by the station in the application (TV Grade B contour or 1 mv/m contour for radio).

Digital TV or radio conversion applicants should indicate the population currently served by their analog station(s) if they have not begun digital broadcasts.

ADDED SERVICE to those covered by others: Population to be served by the project that already receives a similar (radio or television) public broadcasting service.

NEW service (Distance learning/nonbroadcast): Projected number of participants in new service.
12. **Applicant Congressional District.** Enter the number of the Congressional District that includes the applicant's headquarters; *this can be only one number*.
13. **All Congressional Districts.** Enter the numbers of **all** Congressional Districts in **all states** that would be reached by the proposed project. If a state has only one Congressional District, enter "1".
14. **Estimated Funding.** These three lines summarize your request for funding.

Line 14a. For construction project applications, line 14a cannot exceed 75% of the total on line 14c (even by 25¢).

Line 14b. Applicant's share, same as line B2, page 3.

Line 14c may include only **eligible** costs and must be the same as line A7 of the budget form on page 3; it should not include the costs listed B3 Ineligible Costs on page 3.

On line 14d, show the *percentage* of the eligible total project costs (line 14c) requested from the Federal government.
15. **Executive Order 12372.** Indicate whether the applicant is subject to review under Executive Order 12372 and enter date the application was sent to the state office.
16. **Federal Debt.** This question applies to the organization, not the person who signs as the authorized representative. Categories of debt include, but are not limited to, delinquent audit related debts, - loans, and Federal taxes.
17. **Certification and Signature.** Application must be signed by an authorized representative of the applicant organization. A copy of its governing body's authorization for the individual to sign this application must be on file in the applicant's office and available for inspection.

APPLICATION PART I

1. APPLICANT

Legal Name, Street Address, Address, City, State, County, Zip, 2. Employer ID # (EIN), 3. DUNS #, Main Station Call Letters, Radio, MHz, TV, Channel

4. Administrative Contact

E-mail, Mr., Ms., Dr., First Name, M. I., Last Name, Jr. etc, Title, Phone #, Fax #

5. Engineering Contact

Full Name, Title, Engineer Phone, E-mail

PROJECT INFORMATION

6a. Enter "Y" if Reactivation, 6b. Old File #, 7. Enter "Y" if new FCC authorizations are required; see #22., 8. Enter the Priority or Category under which you request the application be reviewed., 9. Enter letter(s) to classify project, 10. Length of Project (# of months), 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit.

Enter population in the appropriate column: NEW BROADCAST facility; repeater, translator.; REPLACE or augment BROADCAST EQUIPMENT; DIGITAL conversion of public radio or TV station; NONBROADCAST activation or expansion

Table with 5 columns: Population Currently Served by station, NEW BROADCAST facility, REPLACE or augment BROADCAST EQUIPMENT, DIGITAL conversion of public radio or TV station, NONBROADCAST activation or expansion. Rows: First Service added by NEW proposed facility, ADDED SERVICE to those covered by others.

12. Single Congressional District of Applicant, 13. Other Cong. districts served by project (e.g., PA 1-3, NY 4, 5-9)

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$, b. Applicant Share \$, c. TOTAL \$, d. Fed. % of eligible costs %

15. Is application subject to review by Executive Order 12372? YES/NO, 16. Is Applicant delinquent on any Federal Debt? Enter Yes or No. If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurance and the PTFP Rules if the assistance is awarded. Mr., Ms., Dr., First Name, M. I., Last Name, Jr. etc, Title, Signature of authorized representative, Date signed

**INSTRUCTIONS FOR
PART I - Page 2**

This Form **This form provides additional information describing the application.**

18. **Summary of Application.** Summarize the purpose and objectives of this application in one or two sentences; e.g.
 "Anytown University seeks funding assistance to replace the transmitter, antenna, and transmission line of public radio station WAUX."
Supporting arguments and justifications should NOT be given here.
19. **Type of Applicant.** Enter the appropriate letter that describes your organization in the space provided.
20. **Station Operations.** Indicate the number of full-time paid employees, part-time paid employees, and volunteers currently on the staff of the organizational unit for which the project is intended.
 Show also the total hours worked by an average staff member in each category in an average week. Then show comparable numbers projected for when the new facilities are in operation. If this is a planning grant application *for a new facility*, mark "NA".
 Indicate the current operating budget, if any, and projected budget for the first year of operation following construction of the proposed facilities. If this is a planning grant application *for a new facility*, mark "NA" in the table.
21. **Public Broadcasting Affiliations.** Indicate if your organization currently receives, or anticipates receiving, financial assistance from the Corporation for Public Broadcasting (CPB).
 Indicate whether the facility is or will become a member of the public broadcasting organizations noted, or any others (please specify).
Please note: In order to receive a PTFP grant your organization does NOT have to receive financial assistance from CPB or belong to one or more public broadcasting organizations.
22. **FCC Authorizations.** If a new FCC authorization is required to complete this project, provide the following information for each approval required.
 1) FCC Community of license
 2) Channel #
 (e.g. "89.9" for FM, "9" for TV, "A1-A4" for ITFS, "Ku-band" for satellite, etc.)
 3) FCC File number (e.g. BPED040898AB)
- 4) Common name used when referencing the transmission site in other parts of the application (e.g. "Northwest National Forest", "Old McDonald Farm", "Central Broadcasting").
- 5) Indicate by placing a "Y" or "N" in the appropriate space whether the applicant owns or leases the transmission site. If site rights are pending, place a "P" in the appropriate space.
23. **Other Sources of Funding.** Indicate whether funding to support this project has been or will be sought from any other Federal program. or the Corporation for Public Broadcasting.
 This support could include funding to support programming or staff needed to operate the equipment as well as funding for the same equipment requested from PTFP, or funding for other equipment integral for the operation of the PTFP requested equipment.
 Please provide information about funding from other Federal programs or CPB in the Remarks section at the bottom of the page or, if necessary, on a page attached to page 2 of the form.
24. **Similar Public Telecommunications Facilities within Project Service Area.** List all acceptable signals of other public telecommunications facilities of the same type as is the subject of this application.
 (You are **not** required to provide exact contours of other stations, only to list those stations which can be viewed or heard within the service area of the proposed project.)
 TV If this application is for a television project, list all public TV stations providing a Grade B signal within the project's service area.
 Radio If this application is for a radio project, list all other public radio stations that provide a 1 mv/m signal within the project's service area.
 ITFS If this application is for an ITFS project, list all other ITFS facilities that serve the project's service area.
25. **Areas Affected by This Project.** List major geographical units affected by the project.
- Remarks** Use this space to continue items that do not otherwise fit in their allotted space.

If the space provided is not adequate for your project --
please continue your answers on plain paper attached after page 2

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

18. Summary of application (Summarize the purposes of the application in a few sentences.)

19. Types of Applicant (Enter appropriate letter in box)

- | | | |
|--|---|--------------------------|
| A. State | J. Private University | <input type="checkbox"/> |
| B. County | K. Indian Tribe | |
| C. Municipal | L. Individual (NOTE: Not eligible for PTFP funding) | |
| D. Township | M. Non-profit | |
| E. Interstate | O. Other (specify) | |
| F. Intermunicipal | | |
| G. Special District | | |
| H. Independent School District | | |
| I. State Controlled Institution of Higher learning | | |

20. Station Operations	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff				
Part-Time Staff				
Volunteers				
Operating Budget	\$		\$	

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Check if nonbroadcast application and therefore Q. 20 Not Applicable

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes No (circle one) Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?
Please provide information regarding funds from CPB or other Federal agencies in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
<input type="text"/>	<input type="text"/>
City	Call Letters
<input type="text"/>	<input type="text"/>
City	Call Letters
<input type="text"/>	<input type="text"/>

25. Areas affected by this Project (Cities, Counties, States, Etc.)

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)