

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

**PROJECT INFORMATION**

**22. Applicant Name** \_\_\_\_\_

**23a.** Enter "Y" if Reactivation  **23b.** Old File # \_\_\_\_\_ **24.** Main Station Call Letters \_\_\_\_\_ Radio \_\_\_\_\_ MHz \_\_\_\_\_ TV \_\_\_\_\_ Channel \_\_\_\_\_

**25.**  Yes  No Have you previously received a PTFP grant? If Yes, enter a grant number here \_\_\_\_\_.

**26.** Enter letter(s) to classify project

(P) lanning or (R)adio or (T)V (B)roadcast or (N)onbroadcast **27.** Enter the Priority of Category under which you request the application be reviewed. \_\_\_\_\_  
 (C) onstruction or (RT) for both or (BN) for both

**28.** For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit. **29.** Engineering Contact

Population currently without a signal that will receive its <b>first signal</b> from the proposed facility	
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email address \_\_\_\_\_

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

**31.** Enter Y if New FCC Authorizations and/or New Sites are required for the project \_\_\_\_\_ (Complete the following table or continue on another page).

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

**32.**  Yes  No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.

**33.** Is the station CPB qualified? (Enter Y or N)  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification

**34.** List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV 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"/>

**35.** Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff				
Part-Time Staff				
Volunteers				
Operating Budget				