

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

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 first signal 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				