

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension of Operations / Request for Silent STA Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20210901AAE

Section I - General Information

1. Legal Name of the Applicant CALVARY CHAPEL OF GRANTS PASS		
Mailing Address 269 W HARBECK RD		
City GRANTS PASS	State or Country (if foreign address) OR	Zip Code 97527 -
Telephone Number (include area code) 5414766827		E-Mail Address (if available) KCGP@CALVARYGP.COM
FCC Registration No 0009974312	Call Sign KCGP-LP	Facility ID Number 133956
2. Contact Representative (if other than licensee/permittee) JEREMY MCELROY		Firm or Company Name CALVARY CHAPEL GRANTS PASS
Mailing Address 269 W HARBECK RD		
City GRANTS PASS	State or Country (if foreign address) OR	ZIP Code 97527 -
Telephone Number (include area code) 5414766827		E-Mail Address (if available) KCGP@CALVARYGP.COM
3. Purpose: <input type="radio"/> Notification of Suspension of Operations <input type="radio"/> Notification of Suspension of Operations and Request for Silent STA <input checked="" type="radio"/> Request for Silent STA <input type="radio"/> Request to Extend STA <input type="radio"/> Resumption of Operations		
4. Community of License: City: GRANTS PASS State: OR		
5. Reason for going silent: <input type="radio"/> Technical <input checked="" type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input type="radio"/> Other		
6. Please provide a justification for the request		[Exhibit 1]
7. Date Station has gone / will go silent: 08/10/2021 (mm/dd/yyyy)		

8. Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No
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I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing JEREMY MCELROY	Typed or Printed Title of Person Signing JEREMY MCELROY
Signature	Date (mm/dd/yyyy) 08/31/2021

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 1

Description: KCGP STA LETTER

AUGUST 31, 2021

PDF COPY ATTACHED

TO WHOM IT MAY CONCERN,

KCGP HAS EXPERIENCED A FAILURE OF OUR FM TRANSMITTER AND DUE TO FINANCIAL CONSTRAINTS OF THE STATION OWNER, CALVARY CHAPEL OF GRANTS PASS, HAS BEEN UNABLE TO REPAIR IT.

WE ARE FILING THIS STA IN HOPES OF GIVING THE STATION TIME TO FUND NECESSARY REPAIRS TO CONTINUE OPERATION.

THANK YOU,

JEREMY MCELROY
TECHNICIAN
KCGP RADIO, CALVARY CHAPEL OF GRANTS PASS

Attachment 1

Description
STA Letter