

# Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0018870345
 File Number:
 0000074055
 Submit Date:
 05/31/2019
 Call Sign:
 WSCL
 Facility ID:
 58660
 City:

 SALISBURY
 State:
 MD

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 05/31/2019
 Filing Status:
 Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WSCL/WSDL June 2019 EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

#### Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SALISBURY UNIVERSITY Public University Doing Business As: SALISBURY UNIVERSITY	Karen Treber 1101 CAMDEN AVENUE SALISBURY, MD 21801 United States	+1 (410) 543- 6000	katreber@salisbury. edu	ОТН

Contact Representatives	Contact Name	Address	Phone	Email		Contact Type
	F. Scott Pippin Attorney Lerman Senter PLLC	2001 L Street, NW Suite 400 Washington, DC 20 United States		) spippiı	n@lermansenter.com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage A	greement
	83090	WSDL	OCEAN CITY	MD	No	
	58660	WSCL	SALISBURY	MD	No	
Program Report Questions	Section	Question			Resp	oonse
	Discrimination Comp	this license	ending or resolved completerm before any body hav	ving compe	etent	

		jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	
Full-time	Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

## Additional Program Report Questions

#### **Responsibility for Implementation**

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title	
Chris Ranck	Associate Director	

# Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	05/31/2019
Certified Title	Vice Chancellor fo Administratio and Finance University System of Maryland
Authorized Party Name	Ellen Herbst

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Discrimination Complaints Statement.pdf	Applicant	All Purpose	Discrimination Complaints Statement	Done with Virus Scan and/or Conversion
Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
WSCL WSDL EEO PFR 2017-18.pdf	Applicant	EEO Public File Report	WSCL WSDL EEO PFR 2017-18	Done with Virus Scan and/or Conversion
WSCL WSDL EEO PFR 2018-19.pdf	Applicant	EEO Public File Report	WSCL WSDL EEO PFR 2018-19	Done with Virus Scan and/or Conversion