

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0011496494** | File Number: **0000092358** | Submit Date: **12/02/2019** | Call Sign: **WVAS** | Facility ID: **727** | City: **MONTGOMERY** | State: **AL**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **12/02/2019** | 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.	WVAS - LICENSE RENEWAL EEO REPORT
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ALABAMA STATE UNIVERSITY (ASU) Doing Business As: ALABAMA STATE UNIVERSITY (ASU)	Jay Holcey P.O. BOX 271 MONTGOMERY, AL 36101 United States	+1 (334) 229-4708	JHOLCEY@ALASU.EDU	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
M. SCOTT JOHNSON , ESQ . LEGAL REPRESENTATIVE FLETCHER, HEALD & HILDRETH, PLC	1300 N. 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0474	SJOHNSON@FHHLAW.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
727	WVAS	MONTGOMERY	AL	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
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

Responsibility for Implementation

Program Report Questions

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
JAY HOLCEY	INTERIM STATION MANAGER

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	12/02/2019
Certified Title	VICE PRESIDENT OF INSTITUTIONAL ADVANCEMENT
Authorized Party Name	LOIS RUSSELL

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WVAS - 2018-2019 AND 2017-2018 ANNUAL EEO REPORT.pdf</u>	Applicant	All Purpose	WVAS - 2017-2018 AND 2018-2019 ANNUAL EEO REPORTS	Done with Virus Scan and/or Conversion
<u>WVAS - EEO OUTREACH INITIATIVES EXHIBIT.pdf</u>	Applicant	All Purpose	WVAS - EEO OUTREACH INITIATIVES EXHIBIT	Done with Virus Scan and/or Conversion