

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002017572** File Number: **0000115257** Submit Date: **06/01/2020** Call Sign: **WSWP-TV** Facility ID: **71680**

City: **GRANDVIEW** State: **WV**

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 06/01/2020 Filing Status:

Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
West Virginia Educational Broadcasting Authority	Chuck Roberts 600 Capitol Street Charleston, WV 25301 United States	+1 (304) 556- 4939	croberts@wvpublic. org	GOE

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Tom W Davidson	1333 New Hampshire	+1 (202) 887-	tdavidson@akingump.	Legal
Akin Gump Strauss Hauer &	Ave., NW	4011	com	Representative
Feld LLP	Washington, DC 20036			
	United States			
Ryan C Wilhour	507 NW 60th St.	+1 (352) 332-	ryan@kesslerandgehman.	Technical
Consulting Engineer	Ste C	3157	com	Representative
Kessler and Gehman	Gainesville, FL 32607			
Associates, Inc.	United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
71680	WSWP-TV	GRANDVIEW	WV	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 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
Kristina Dodd	Human Resources 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	06/01 /2020
Certified Title	Executive Director
Authorized Party Name	Chuck Roberts

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WSWP 2018-2019 EEO Report.pdf	Applicant	EEO Public File Report	WSWP-TV 2018-2019 EEO Report	Done with Virus Scan and/or Conversion
WSWP 2019-2020 EEO Report.pdf	Applicant	EEO Public File Report	WSWP-TV 2019-2020 EEO Report	Done with Virus Scan and/or Conversion
WSWP-TV EEO Narrative.	Applicant	Narrative Statement	WSWP-TV EEO Narrative	Done with Virus Scan and/or Conversion