

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0008524944** | File Number: **0000122919** | Submit Date: **09/29/2020** | Call Sign: **WEFS** | Facility ID: **6744** | City: **COCOA** | State: **FL**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/29/2020** | Filing Status: **Active**

General Information

Section	Question	Response
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
EASTERN FLORIDA STATE COLLEGE Doing Business As: EASTERN FLORIDA STATE COLLEGE	1519 CLEARLAKE ROAD COCOA, FL 32922 United States	+1 (321) 433-7110	glischj@easternflorida.edu	PNE

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Andrew Chalanick Station Manager EASTERN FLORIDA STATE COLLEGE	1519 CLEARLAKE RD. COCOA, FL 32922 United States	+1 (321) 433-7110	chalanicka@EASTERNFLORIDA.EDU	Legal Representative
Joan Stewart Wiley Rein LLP	1776 K Street NW Washington , DC 20006 United States	+1 (202) 719-7438	jstewart@wiley.law	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
6744	WEFS	COCOA	FL	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

Responsibility for Implementation

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
Andrew Chalanick	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	09/29/2020
Certified Title	Associate VP, Communications
Authorized Party Name	John Glisch

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WEFS EEO Report 2018-2019.pdf	Applicant	EEO Public File Report	WEFS EEO Report 2019	Done with Virus Scan and/or Conversion
WEFS EEO Report 2019-2020.pdf	Applicant	EEO Public File Report	WEFS EEO Report 2020	Done with Virus Scan and/or Conversion
WEFS Schedule 396 Narrative Statement.pdf	Applicant	Narrative Statement	WEFS Narrative Statement	Done with Virus Scan and/or Conversion