

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0027761824
 File Number:
 0000132247
 Submit Date:
 01/25/2021
 Call Sign:
 KFDI-FM
 Facility ID:
 72357
 City:

 WICHITA
 State:
 KS

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/25/2021
 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.	Wichita, KS Market - EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SM-KFDI, LLC Doing Business As: SM- KFDI, LLC	2700 CORPORATE DRIVE SUITE 115 BIRMINGHAM, AL 35242 United States	+1 (205) 322- 2987	darryl. grondines@summitmediacorp. com	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Francisco R Montero , Esq . Fletcher, Heald & Hildreth, PLC	1300 N 17th Street, Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0400	montero@fhhlaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
63548	KICT-FM	WICHITA	KS	No
72357	KFDI-FM	WICHITA	KS	No
37133	KFXJ	AUGUSTA	KS	No
37121	KYQQ	ARKANSAS CITY	KS	No
72356	KFTI	WICHITA	KS	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	full-time em	ployees? Consi	ent unit employ fewer than five der as "full-time" employees all 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							
	H Carl Palmer			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					01/25 /2021			
	Certified Title								
	Authorized Party Name					H Carl Palmer			
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Stat	us			
	2019-2020 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report	Wichita KS Market - 2019-2020 Annual EEO Public File Report	Done with V and/or Conv				
	2020-2021 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report	Wichita KS Market - 2020-2021 Annual EEO Public File Report	Done with V and/or Conv				
	Wichita KS Market - EEO Narrative Statement.pdf	Applicant	Narrative Statement	Wichita KS Market - EEO Narrati Statement	ve Done with V and/or Conv				