

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0001811231	File Number: 0000130864	Submit Date: 01/11/20	Call Sign: KSNS	Facility ID: 83614 City:
MEDICINE LODGE	State: KS			
Service: Full Power FI	M Purpose: EEO Report	Status: Received	Status Date: 01/11/2021	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.	KSNS EEO 2021
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
FLORIDA PUBLIC RADIO, INC. Doing Business As: FLORIDA PUBLIC RADIO, INC.	505 JOSEPHINE ST TITUSVILLE, FL 32796 United States	+1 (321) 267- 3000	wpio@gate. net	NFP

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Randy Henry President FLORIDA PUBLIC RADIO, INC.	505 JOSEPHINE ST TITUSVILLE, FL 32796 United States	+1 (321) 267-3000	wpio@gate.net	Legal Representative

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	83614	KSNS	MEDICINE LODGE	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	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?	Yes

Certification

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	01/11 /2021
Certified Title	President
Authorized Party Name	Randy Henry

## Attachments

No Attachments.