

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0009353228** | File Number: **0000079348** | Submit Date: **07/31/2019** | Call Sign: **WRVS-FM** | Facility ID: **19249**
 City: **ELIZABETH CITY** | State: **NC**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/31/2019** | 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.	Elizabeth City State University - 2019 Broadcast EEO Program Report
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
Elizabeth City State University Doing Business As: Elizabeth City State University	1704 Weeksville Road Campus Box 790 Elizabeth City, NC 27909 United States	+1 (252) 335-3985	mybrown@ecsu.edu	GOE

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Elizabeth E. Spainhour Legal Representative Brooks, Pierce, et al.	PO Box 1800 Raleigh, NC 27602 United States	+1 (919) 839-0300	espainhour@brookspierce.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
19249	WRVS-FM	ELIZABETH CITY	NC	No
19250	W18BB-D	ELIZABETH CITY	NC	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

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	07/31 /2019
Certified Title	Director of Radio and TV Services /GM
Authorized Party Name	Melba Smith

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>2018 EEO Public File Report.pdf</u>	Applicant	EEO Public File Report	2018 EEO Public File Report	Done with Virus Scan and /or Conversion
<u>2019 EEO Public File Report.pdf</u>	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and /or Conversion
<u>WRVS 2019 Form 396 Narrative Exhibit.pdf</u>	Applicant	Narrative Statement	WRVS 2019 Form 396 Narrative Exhibit	Done with Virus Scan and /or Conversion