

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005373659
 File Number:
 0000145371
 Submit Date:
 05/13/2021
 Call Sign:
 KVNV
 Facility ID:
 172600
 City:

 SUN VALLEY
 State:
 NV

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 05/13/2021
 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.	KVNV EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
<b>NEVADA PUBLIC RADIO</b> Doing Business As: NEVADA PUBLIC RADIO	Rachel Christiansen 1289 S. TORREY PINES DRIVE LAS VEGAS, NV 89146 United States	+1 (702) 258- 9895	rachel@nevadapublicradio. org	NFP

Contact Representatives	Contact Name	Address		Phone	Er	mail		Contact Type
	Rachel Christiansen Broadcast Operations Manager Nevada Public Radio	Rachel Christian 1289 S. Torrey F Las Vegas, NV 8 United States	Pines Dr	+1 (702) 258 9895		achel@nevadapubl rg	licradio.	Technical Representative
	Barry Persh Gray Miller Persh LLP	Barry Persh 2233 Wisconsin Avenue NW Suite 226 Washington, DC United States	20007	+1 (202) 776 2458		persh@graymillerp om	oersh.	Legal Representative
Common Stations	Facility Identifier	Call Sign	City		State	Time Brokera	age Agro	eement
	172600	KVNV	SUN VA	LLEY	NV	No		
Program Report Questions	Section	Question					Respor	ise
	Discrimination Complaints	s Have any pen this license ter	-			een filed during npetent	No	

of the station(s)?

jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

	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	Question					
	partner, trustee, authorized authorized to sign on behal Commission under 47 C.F.I who further certifies that he	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			05/13/2021			
	Certified Title			Broadcast Operations Manager			
	Authorized Party Name			Rachel			

Attachments