



REQUEST FOR APPLICATION

Application Deadline: Friday, September 25, 2020

NEVADA PUBLIC BROADCASTING STATIONS

ISSUED BY

Nevada Department of Education
700 E. 5th Street
Carson City, NV 89701-5096

Grant Period:	July 1, 2020 – June 30, 2021
Applications Due:	September 25, 2020
Grant Amount:	\$462,725.00

The Nevada State Legislature appropriated \$462,725.00 from the general fund to the Department of Education for the support of nonprofit public broadcasting stations in Nevada.

Questions related to this funding should be addressed to:

Mary Holsclaw, EPP - mholsclaw@doe.nv.gov
Office of Standards and Instructional Support

or

Thomas Fletcher, Management Analyst -
tfletcher@doe.nv.gov Office of District Support
Services

Jhone M. Ebert
Superintendent Public Instruction

**STATE OF NEVADA DEPARTMENT OF EDUCATION
LEGISLATIVE APPROPRIATION
FOR PUBLIC BROADCASTING**

CHECKLIST

Below is the checklist of items that must be included in your application to the State of Nevada Department of Education in order to be included in the distribution of the appropriated funds for fiscal year 2020-2021. PLEASE make sure to include all applicable items for your station(s). It is highly recommended to provide the free DUNS # for your station(s). Please see the following link for more information, [Free Duns#](#).

All forms in this application package are able to be completed and signed.

Signature of Official Licensee	Date
Printed Name of Official Licensee	Station Call Letters
DUNS #	

Incomplete applications will not be accepted and will be ineligible to receive funding.

All applications must be emailed to Thomas Fletcher at tfletcher@doe.nv.gov AND Mary Holsclaw at mholsclaw@doe.nv.gov on or before the stated deadline. If you have questions about your application, contact Mary at (775) 687-5935 or Thomas at (775) 687-9101 or at the emails above.

- A. Base Certification – *completed by all stations*
- B. Incentive Certification – *completed by primary stations ONLY*
- C. Certification Schedule of Non-Tax Based Financial Support – *completed by primary stations ONLY*
- D. REQUIRED ATTACHMENTS (*for primary stations ONLY*):
 - Copies of CPB Schedules A, B, C and D (as applicable)
 - Most recent audited financial statements
- E. Assurances – *completed by all stations*
- F. Description and Use of Funds – *completed by all stations*

NEVADA DEPARTMENT OF EDUCATION
PUBLIC BROADCASTING BASE CERTIFICATION

To be completed by **both primary and secondary stations** applying for funding distribution.

1. Base Certification

_____, the licensee of _____,
(Licensee name) (call letters)

hereby certifies that it meets the below listed eligibility requirements in order to receive funding through the Nevada Department of Education. Please check the box for each requirement to denote compliance.

- A. Is licensed by the Federal Communications Commission (FCC) as a non-commercial, educational station or is licensed by the FCC for the operation of a low power television or radio station and broadcasts exclusively on a non-commercial basis.
- B. Is licensed to a community within the State of Nevada and has been in operation for at least one year.
- C. Operates with a power and antenna height sufficient to cover its service area with a primary strength signal.
- D. Broadcasts a schedule of at least eight (8) hours per day devoted primarily to programming of high quality which serves demonstrated community needs of an educational, cultural and informational nature. Stations who air any programming that furthers the principles of particular political or religious philosophies and/or programming designed primarily for in-school or professional in-service audiences **are not eligible**.
- E. That any funds received through state funding by the licensee will be used solely for the benefit of an eligible public broadcasting station and not for general institutional overhead or parent organizational expenses.
- F. That state funds received through passage of this appropriation will not supplant other licensee funding or cause to be reduced any other source of funding for the station.

Name/Title of Authorizing Official Licensee

Licensee Name

Signature of Authorizing Official

Address

Station Call letters

DUNS #

Date

**NEVADA DEPARTMENT OF EDUCATION
PUBLIC BROADCASTING INCENTIVE CERTIFICATION**

To be completed **only by primary stations** applying for funding distribution.

1. Incentive Certification

_____, the licensee of _____
(Licensee name) (call letters)

in order to meet eligibility requirements for receipt of state funding through the Nevada Department of Education, certifies the following: the attached most recent audit or licensee authorized financial report of non-taxed based revenues are fairly stated as presented in the attached schedules and can be verified by accounting records or other financial information.

- A. Is a certified grantee of Community Service Grants funds by the Corporation for Public Broadcasting (CPB).
- B. The attached most recent audited financial statements are fairly stated as presented in the attached schedule(s) and can be verified by accounting records or other financial information.
- C. The attached most recent CPB Annual Financial Report is fairly stated and can be verified by accounting records or other financial information.

Name/Title of Authorizing Official Licensee

Licensee Name

Signature of Authorizing Official

Station Call letters

Address

Date

DUNS #

**NEVADA DEPARTMENT OF EDUCATION
PUBLIC BROADCASTING CERTIFICATION SCHEDULE OF NON-TAX BASED FINANCIAL SUPPORT**

Licensee name	Station call letters
Schedule of Non-Tax Based Financial Support	
	FY _____
1. DIRECT REVENUE (Schedule A Line 22 of CPB AFR)	\$ _____
2. INDIRECT ADMINISTRATIVE SUPPORT (Schedule B Line 5 of CPBAFR)	\$ _____
3. IN-KIND CONTRIBUTIONS	\$ _____
A. Services and Other Assets (Schedule C Line 6 of CPBAFR)	
B. Property and Equipment (Schedule D Line 8 of CPBAFR)	\$ _____
4. Sub-total of all financial support	\$ _____
5. Minus tax-based revenue (ENTER AS NEGATIVE NUMBER) Includes amounts on following lines of CPB AFR: Schedule A Lines 1-6 Endowments Line 17 Capital Line 18 Sch B Line 5 Sch C & D – Donor codes FG, PB, LG, SG and SU	(-) \$ _____
6. Total non-tax based financial support	\$ _____

REQUIRED ATTACHMENTS

1. Copies of CPB Schedules A, B, C and D (if applicable)
2. Most recent audited financial statement for the preceding fiscal year (or) other acceptable financial statement if audit is not performed

**NEVADA DEPARTMENT OF EDUCATION
PUBLIC BROADCASTING STATIONS SUPPORT
PROGRAM FY20-21**

July 1, 2020– June 30, 2021

ASSURANCES

I, _____, the _____ of
(Licensee Authorized Designee) (Title)

_____, do hereby certify that, to the best of my knowledge, the
(Name of Licensee)

information contained in this application is correct and do agree to comply with **ALL** the items listed below.

- A comprehensive file will be established to include the approved application form, verification of expenditures, logs of receipts and expenditures, correspondence, and final reports. The file shall be available for review by Nevada Department of Education project personnel or their authorized representatives upon request.
- Accounting and program records will be available to representatives of the Nevada Department Education, the Legislative Committee on Education, the Legislative Counsel Bureau, and the State Department of Administration.
- Records shall be maintained in accordance with general accounting standards. Copies of this verification will be submitted to the Nevada Department of Education upon request.
- Any unexpended funds remaining after June 30, 2021, must not be committed for expenditure or carried forward to the following fiscal year but must be returned to the Nevada Department of Education for reversion to the state general fund.

Signature of Licensee Authorized Designee

Date

DUNS #

NEVADA DEPARTMENT OF EDUCATION
PUBLIC BROADCASTING STATIONS SUPPORT PROGRAM FY20-21
July 1, 2020 – June 30, 2021

DESCRIPTION OF USE OF FUNDS

Licensee Name: _____

Station Call Letters: _____

DUNS # _____

City/County of License: _____

Name of Authorizing Official Licensee: _____

Title of Authorizing Official Licensee: _____

Phone: _____ Email: _____

Licensee Address: _____

City, ST ZIP: _____

Name of Contact: _____

Phone: _____

Email: _____

Please describe how the funds from this award were used to support or serve the educational, informational or cultural needs of your service area. Be specific about the program and the costs associated. (Please add additional space as needed)