

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

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9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

*** 10. Name of Federal Agency:**

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

Gerlach, NV; Empire, NV; Washoe County, NV; Pershing County, NV; Humboldt County, NV

*** 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:
* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="79,000"/>
* b. Applicant	<input type="text" value="27,548"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="106,548"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. Totals						

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment	106,548				106,548
e. Supplies					
f. Contractual					
g. Construction					
h. Other	0				0
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	106,548				106,548
7. Program Income					

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

PROJECT INFORMATION

22. Applicant Name Friends of Black Rock High Rock

23a. Enter "Y" if Reactivation N 23b. Old File # _____ 24. Main Station Call Letters FM 91.5 TV Channel
Radio MHz

25. ___ Yes No Have you previously received a PTFP grant? If Yes, enter a grant number here _____.

26. Enter letter(s) to classify project

(P) lanning or (C) onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B 27. Enter the Priority of Category under which you request the application be reviewed. 1A

28. For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit.

29. Engineering Contact

Population currently without a signal that will receive its first signal from the proposed facility	1,000
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	0

Name Joel T. Saxberg
Title broadcast engineer
Phone (626) 446-3468
Email address joel@beemco.com

30. Summary of the application (Summarize the purposes of the application in a few sentences.):
The purpose of this application is to secure funding to support the construction of a new C3 non-commercial educational public radio station for the community of Gerlach/Empire and the Black Rock Desert High Rock Canyon Emigrant Trails National Conservation Area. This would be the first station of local origin for the region, and programming would address the demand for local news, cultural education, and visitor information.

31. Enter Y if New FCC Authorizations and/or New Sites are required for the project Y (If yes, complete the following table).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased
Gerlach/Empire, NV	218	BNPED - 20071019	Gerlach		X

32. ___ Yes No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.

33. Is the station CPB qualified? (Enter Y or N) If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected. Date of expected qualification

34. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV for FM, Grade B for TV).

City	Call Letters
<input type="text"/>	<input type="text"/>
City	Call Letters
<input type="text"/>	<input type="text"/>
City	Call Letters
<input type="text"/>	<input type="text"/>

35. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	1	10	2	60
Part-Time Staff	1	5	2	25
Volunteers	6	10	10	60
Operating Budget	20,000		50,000	

PART III D ELIGIBLE EQUIPMENT
Construction Applicants Only

gerlach, nv
 Check Category for **This Page** (For multi-site projects, enter location where equipment will be placed)

Dissemination Origination Interconnection Test/Other

EQUIPMENT REQUEST (including installation costs)				EQUIPMENT PURCHASED (including installation costs)			
Item	Description of Item	Quantity	Cost <small>(whole dollars; include shipping)</small>	Description of Item including Model #	Quantity	Cost <small>(whole dollars; include shipping)</small>	
ERI. LPX-4C-SP	4 bav FM antenna	1	23,330				
ERI. ARB-42	anti-rotation bracket fortower faces	4	484				
ERI. RLA350-150	Plate reducer. 3 1/8" - 1 5/8"	1	355				
Andrew. HJ7-50A	1 5/8" Air Dielectric transmission line. 50 ohm	130	3,381				
Andrew. 87RE	1 5/8" Gas Pass EIA Flange for 1 5/8" Air	1	353				
Andrew. ATTACH-A	connector attachment charge	1	28				
Andrew. 87GE	1 5/8" Gas Barrier Flange for 1 5/8" Air	1	407				
Andrew. 42396A-2	1 5/8" Non-insulated HanaerKit. 10/kit	4	98				
Andrew. 31670-2	Round Member Adapt Kit 2"-3" Tower Lea Diameter	4	75				
Andrew. 24312A	Hoisting Grip 1 5/8"HeliaxElliptical Wave guide	1	31				
Andrew. HGK0001	hoisting grip hanaer kit	1	150				
Andrew. 241088-4	1 5/8" & EW52 Grounding Kit	1	24				
Subtotal Equipment			\$ 28,716	Subtotal Equipment			\$
Installation: Contractor	\$	2,524		Installation: Contractor	\$		
Installation: Staff	\$	0		Installation: Staff	\$		
Subtotal Installation			\$ 2,524	Subtotal Installation			\$
TOTAL CATEGORY			\$ 56,289	TOTAL CATEGORY			\$

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