**OMB Number: 3060-0754 Edition date: September 2014**

**Form 2100 Schedule H,** Application for Media Bureau Audio and Video Service Authorization
Estimated time per response: 12 hours

Children's Television Programming Report

## General Information

Approved by OMB 3060-0837
September 2014

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** Indicates required field*

* Report reflects information for quarter: Q2 2016

### 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.

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### Attachments

* Are attachments (other than associated schedules) being filed with this application?

Yes No « Clear

Cancel Save & Continue »

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- Contact Representatives
- Children's Television Information
- Digital Core Programming
- Digital Core Programming Summary
- Non-Core Educational & Informational Programming Summary
- Sponsored Core Programming Summary
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# Applicant Information

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## Authorization Holder Name

☐ Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

## Applicant Name and Type

* Applicant Type: Corporation

* Company Name:

Doing Business As:

## Applicant Information

Attention To:

* Country: United States

PO Box: *Either PO Box or Address Line 1 is required.*

* Address Line 1:

Address Line 2:

* City:

* State: South Dakota

* Zip Code:

* Phone:

* Email:

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# Contact Representatives

Approved by OMB 3060-0837
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** indicates required field*

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## Contact Type

* Please select the contact type:

- (●) Legal Representative
- ( ) Technical Representative
- ( ) Other

## Contact Name

* First Name:

Middle Name:

* Last Name:

Suffix:

Only characters (A-Z, a-z) are allowed.

Title: Legal Counsel

* Company Name:

## Contact Information

Attention To:

* Country: United States

PO Box: *Either PO Box or Address Line 1 is required.*

* Address Line 1:

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# Children's Television Information

** indicates required field*

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## Station Type

* Please select the station type:

- (●) Network Affiliation
- ( ) Independent

Enter affiliated network:

* Nielsen DMA: Not Applicable

World Wide Web Home Page Address:

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# Digital Core Programming

** indicates required field*

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## Digital Core Programming

* State the average number of hours of Core Programming per week broadcast by the station on its main program stream:

* State the average number of hours per week of free over-the-air digital video programming broadcast by the station on other than its main program stream:

* State the average number of hours per week of Core Programming broadcast by the station on other than its main program stream. See 47 C.F.R. Section 73.671:

* Does the Licensee provide information identifying each Core Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673?

Yes No « Clear

Identify publishers who were sent information.

* Does the Licensee certify that at least 50% of the Core Programming counted toward meeting the additional programming guideline (applied to free video programming aired on other than the main Yes No program stream) did not consist of program episodes that had already aired within the previous seven days either on the station's main program stream or on another of the station's free digital program streams?

Yes No « Clear

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# Add Digital Core Programming

** indicates required field*

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Complete the following for each program that you aired during the past three months that meets the definition of Core Programming. Complete chart below for each Core Program.

## Core Program

* Title of Program:

* Please select a Origination:

- Local
- Network
- Syndicated

* Days/Times Program Regularly Scheduled:

* Total times aired at regularly scheduled time:

* Number of Preemptions:

* Number of Preemptions Rescheduled:

* Number of Preemptions for other than Breaking News:

* Length of Program: Minutes

* Age of Target Child Audience from: Years to Years

* Describe the educational and informational objective of the program and how it meets the definition of Core Programming.

* Does the Licensee identify the program by displaying throughout the program the symbol E/I?

Yes No « Clear

« Back Save & Add Another » Save & Continue »

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# Add Non-Core Educational and Informational Programming

** indicates required field*

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Complete the following for each program that you aired during the past three months that meets the definition of Core Programming. Complete chart below for each Core Program.

## Core Program

* Title of Program:

* Please select a Origination:

- Local
- Network
- Syndicated

* Days/Times Program Regularly Scheduled:

* Total times aired at regularly scheduled time:

* Number of Preemptions:

* Length of Program: Minutes

* Age of Target Child Audience from: Years to Years

* Describe the educational and informational objective of the program and how it meets the definition of Core Programming.

* Does the program have educating and informing children ages 16 and under as a significant purpose?

Yes No « Clear

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# Add Sponsored Core Programming

** indicates required field*

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Complete the following for each program that you aired during the past three months that meets the definition of Core Programming. Complete chart below for each Core Program.

## Core Program

* Title of Program:

* Call Letters of Station Airing Sponsored Program

* Channel Number of Station Airing Sponsored Program

* Did total programming increase?

Yes No Clear

* Please select a Origination:

Local
Network
Syndicated

* Days/Times Program Regularly Scheduled:

* Total times aired at regularly scheduled time:

* Number of Preemptions:

* Length of Program: Minutes

* Age of Target Child Audience from: Years to Years

* Describe the educational and informational objective of the program and how it meets the definition of Core Programming.

* Does the Licensee identify the program by displaying throughout the program the symbol E/I?

Yes No Clear

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# Liaison contact

** indicates required field*

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* Does the Licensee publicize the existence and location of the station's Children's Television Programming Reports (FCC 398) as required by 47 C.F.R. Section 73.3526(e)(11)(iii)?

Yes No ‹‹ Clear

* Name of children's programming liaison:

* Address:

* City:

* State: South Dakota

* Zip Code:

* Telephone Number:

* Email:

Include any other comments or information you want the Commission to consider in evaluating your compliance with the Children's Television Act (or use this space for supplemental explanations). This may include information on any other noncore educational and informational programming that you aired this quarter or plan to air during the next quarter, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTES 2 and 3.

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# Add Other Matters

** indicates required field*

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Complete the following for each program that you plan to air for the next quarter that meets the definition of Core Programming. Complete chart below for each Core Program.

## Core Program

* Title of Program:

* Please select a Origination:

- Local
- Network
- Syndicated

* Days/Times Program Regularly Scheduled:

* Total Times to be Aired at regularly scheduled time:

* Length of Program: Minutes

* Age of Target Child Audience from: Years to Years

Describe the educational and informational objective of the program and how it meets the definition of Core Programming.

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## Certification

| Question |
| --- |
| The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized e individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qual before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the Children's Television Programming, and who further ce 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 dela<br>**FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID**<br>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or cov requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirem the type of Authorization requested in this application.<br>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1 REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503). |
| I certify that this application includes all required and relevant attachments. |
| I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. |

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