

**Form 2100, Application for Media Bureau Audio and Video Service Authorization, Schedule H**  
**OMB Control Number 3060-0754**

**A. General Information:**

\*Indicates required field

\*Report reflects information for year: *[Drop down boxes to select quarter and year]*

**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.

**Attachments**

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

Yes: \_\_\_\_ No: \_\_\_\_

**B. Applicant Information:**

\*Indicates required field

**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: *[Drop down box with types of applicants (e.g., Corporation)]*

\*Company Name:

Doing Business As:

**Applicant Information**

Attention To:

\*Country: *[Drop down box listing countries]*

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

\*Address Line 1:

Address Line 2:

\*City:

\*State: *[Drop down box listing states]*

\*Zip Code:

\*Phone:

\*Email:

**C. Contact Representatives:**

\*Indicates required field

November 2019

**Contact Type**

\*Please select the contact type: Legal Representative  
Technical Representative  
Other

**Contact Name**

\*First Name:

Middle Name:

\*Last Name:

Suffix:

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

\*Company Name:

**Contact Information**

Attention To:

\*Country: *[Drop down box listing countries]*

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

\*Address Line 1:

Address Line 2:

\*City:

\*State: *[Drop down box listing states]*

\*Zip Code:

\*Phone:

\*Email:

**D. Children's Television Information:**

\*Indicates required field

**Station Type**

\*Please select the station type:

\_\_\_\_ Network Affiliation

\_\_\_\_ Independent

\_\_\_\_ Enter Affiliated Network:

\*Nielsen DMA: *[Drop down box]*

World Wide Web Home Page Address:

**E. Digital Core Programming:**

\*Indicates required field

1. \*Indicate which of the Core Programming safe harbor processing guidelines the station elected to utilize during the covered reporting period to demonstrate compliance with Children's Television Act of 1990 (See 47 CFR Section 73.671(d)): *[May only select one]*

\_\_\_\_ Category A, Option 1: Three-hours per week (as averaged over a six-month period) of

Core Programming.

- \_\_\_\_\_ Category A, Option 2: 156 hours annually of Core Programming, including at least 26 hours per quarter of regularly scheduled weekly programming. The remaining 52 hours of Core Programming may include programs of at least 30 minutes in length that are not regularly scheduled on a weekly basis, such as educational specials and regularly scheduled non-weekly programming.
- \_\_\_\_\_ Category B: 156 hours annually of Core Programming, including at least 26 hours per quarter of regularly scheduled weekly programming. The remaining 52 hours of Core Programming may include programs of at least 30 minutes in length that are not regularly scheduled on a weekly basis, such as educational specials and regularly scheduled non-weekly programming, and short-form programs less than 30 minutes in length, including public service announcements and interstitials.
- \_\_\_\_\_ Category C: In addition to airing Core Programming on the Station's main or multicast stream, the licensee undertook special efforts to produce or support Core Programming aired on other stations in the market and/or undertook special non-broadcast efforts that enhance the value of children's educational and informational programming.

2. \*State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on its main program stream:  
(Q1)\_\_\_\_, (Q2)\_\_\_\_, (Q3)\_\_\_\_, (Q4)\_\_\_\_
3. \*State the total number of hours of Core Programming that are not regularly scheduled weekly programming broadcast by the station on its main program stream during the reporting period:  
\_\_\_\_\_ [Permit decimal points] [Only ask if the station selected Category A, Option 2 or Category B]
4. \*State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on a multicast stream:  
(Q1)\_\_\_\_, (Q2)\_\_\_\_, (Q3)\_\_\_\_, (Q4)\_\_\_\_
5. \*Does the Licensee provide information identifying each Core Program aired on its station to publishers of program guides as required by 47 CFR Section 73.673?  
Yes: \_\_\_\_ No: \_\_\_\_ (If no provide opportunity for attachment, not required)

**F. Digital Core Programming Summary:**

\*Indicates required field

Complete the following for each Core Program aired during the reporting period. See 47 CFR Section 73.671(c).

**Core Program**

1. \*Title of Program: \_\_\_\_\_
2. \*Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 am and 10:00 pm?  
Yes\_\_\_\_\_ No\_\_\_\_\_ [If no provide opportunity for attachment, not required]

3. \*Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?

Yes\_\_\_\_\_ No\_\_\_\_\_ [*If no provide opportunity for attachment, not required*]

4. \*Type of Core Programming

\_\_\_\_\_ Regularly scheduled weekly program.

\_\_\_\_\_ Program that is not regularly scheduled on a weekly basis, such as regularly scheduled non-weekly program or educational special at least 30 minutes in length.

\_\_\_\_\_ Short-form program less than 30 minutes in length, such as public service announcement or interstitial.

5. \*State the number of hours the program was aired on the station's main program stream and/or a multicast stream [*May enter under both, permit decimals*]:

Main program stream:

(Q1)\_\_\_\_, (Q2)\_\_\_\_, (Q3)\_\_\_\_, (Q4)\_\_\_\_

Multicast stream:

(Q1)\_\_\_\_, (Q2)\_\_\_\_, (Q3)\_\_\_\_, (Q4)\_\_\_\_

6. \*Total times broadcast (including rescheduled preemptions for regularly scheduled programs):

\_\_\_\_\_

*If 'Regularly scheduled weekly' was selected in response to question 4, applicant must answer question 7.*

7. \*Were any regular scheduled weekly programs preempted?

Yes\_\_\_\_\_ No\_\_\_\_\_ [*If No, move to question 11, if yes, must answer questions 8, 9, and 10.*]

8. Number of Preemptions:\_\_\_\_\_

9. Number of Preemptions Rescheduled:\_\_\_\_\_

10. Number of Preemptions for Breaking News or Non-Regularly Scheduled Locally Produced Live Programming:\_\_\_\_\_

11. \*Length of Program: \_\_\_\_\_ Minutes

12. \*Age Range of Target Child Audience:

12 and under: \_\_\_\_\_ 13-16: \_\_\_\_\_ [*May check one or both*]

13. \*For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?

Yes \_\_\_\_\_ No\_\_\_\_\_ [*If no require attachment*]

*If yes is answered to question 7: Complete the following for each preempted program during the reporting period. See 47 CFR Section 73.671(e).*

14. Date Preempted:\_\_\_\_\_ [MM/DD/YY]

15. Preempted Program Originally Scheduled Air Time: \_\_\_\_\_ [HH/MM (AM/PM)]

16. Reason for Preemption (*May only select one*):

a. Breaking News: \_\_\_\_\_

b. Non-Regularly Scheduled Locally Produced Live Programming: \_\_\_\_\_

1) Insert Title of Program: \_\_\_\_\_

c. Other (e.g., syndicated or network public affairs, sports, general audience specials, etc.):  
\_\_\_\_\_[*Allow free form input*]

*If Breaking News or Non-Regularly Scheduled Locally Produced Live Programming, then licensee may move to next Section or 'Add Another' program. If 'Other', Licensee must answer questions 16, 17, and 18.*

17. Was the preempted program rescheduled on the same program stream on which it was originally scheduled to air?

Yes\_\_\_\_\_ No\_\_\_\_\_ [*If no require attachment*]

18. List date preempted program was aired (must be seven days before or seven days after the preemption). *If preempted program was not rescheduled or it was not rescheduled within 7 days before or after the originally scheduled air date, please leave blank:*

\_\_\_\_\_ [MM/DD/YY]

19. Did the station provide the required on-air notification of the schedule change?

Yes\_\_\_\_\_ No\_\_\_\_\_ [*If no require attachment*]

#### **G. Sponsored Core Programming Summary:**

\*Indicates required field

Complete the following for each sponsored Core Program aired during the reporting period and other non-broadcast efforts undertaken. See 47 CFR Section 73.671(c).

#### **Core Program**

1. \*Title of Program: \_\_\_\_\_

2. \*Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 am and 10:00 pm?

Yes\_\_\_\_\_ No\_\_\_\_\_ [*If no require attachment*]

3. \*Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?

Yes\_\_\_\_\_ No\_\_\_\_\_ [*If no require attachment*]

4. \*Type of Core Programming

\_\_\_\_\_ Regularly scheduled weekly program.

\_\_\_\_\_ Program that is not regularly scheduled on a weekly basis, such as regularly scheduled non-weekly program or educational special at least 30 minutes in length.

\_\_\_\_\_ Short-form program less than 30 minutes in length, such as public service announcement or interstitial.

5. \*Total times aired (including rescheduled preemptions for regularly scheduled programs):

\_\_\_\_\_

6. \*State the number of hours the program was broadcast on the station's main program stream and/or a multicast stream [*May enter under both, permit decimals*]:

Main program stream:

(Q1)\_\_\_\_, (Q2)\_\_\_\_, (Q3)\_\_\_\_, (Q4)\_\_\_\_

Multicast stream:

(Q1)\_\_\_\_, (Q2)\_\_\_\_, (Q3)\_\_\_\_, (Q4)\_\_\_\_

*If 'Regularly scheduled weekly' was selected under question 4, applicant must answer question 7.*

7. Were any regular scheduled weekly programs preempted?

Yes\_\_\_\_ No\_\_\_\_ [*If No, move to question 11, if yes, must answer questions 8, 9, and 10*)]

8. Number of Preemptions:\_\_\_\_\_

9. Number of Preemptions Rescheduled:\_\_\_\_\_

10. Number of Preemptions for Breaking News or Non-Regularly Scheduled Locally Produced Live Programming: \_\_\_\_\_

11. \*Length of Program: \_\_\_\_\_ Minutes

12. \*Age Range of Target Child Audience:

12 and under: \_\_\_\_\_ 13-16: \_\_\_\_\_ [*May check one or both*]

13. \*For each broadcast of the program on a commercial station or Class A station did the Licensee identify the program by displaying throughout the program the E/I symbol?

Yes \_\_\_\_ No\_\_\_\_ [*If no require attachment*)]

*If yes is answered to question 7: Complete the following for each preempted program during the reporting period. See 47 CFR Section 73.671(e).*

14. Date Preempted:\_\_\_\_\_ [MM/DD/YY]

15. Preempted Program Originally Scheduled Air Time: \_\_\_\_\_ [HH/MM (AM/PM)]

16. Reason for Preemption (*May only select one*):

a. Breaking News: \_\_\_\_\_

- b. Non-Regularly Scheduled Locally Produced Live Programming: \_\_\_\_  
1) Insert Title of Program: \_\_\_\_\_
- c. Other (e.g., syndicated or network public affairs, sports, general audience specials, etc.):  
\_\_\_\_\_[Allow free form input]

#### **H. Liaison Contact/Other Efforts:**

\*Indicates required field

- 1. \*Name of Children's Programming Liaison: \_\_\_\_\_
- 2. \*Address: \_\_\_\_\_
- 3. \*City: \_\_\_\_\_
- 4. \*State: \_\_\_\_\_ [Select from drop down list]
- 5. \*Zip Code: \_\_\_\_\_
- 6. \*Telephone Number: \_\_\_\_\_
- 7. \*Email: \_\_\_\_\_

#### **Other Broadcast/Non-Broadcast Efforts**

Include an attachment with any other information you want the Commission to consider in evaluating your compliance with the Children's Television Act. This may include information on any other non-core educational and informational programming that you aired this year or plan to air during the next year, or any existing or proposed non-broadcast efforts that will enhance the educational and information value of such programming to children.

[Upload an attachment]

#### **I. 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 employee, or other 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 qualified to practice 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 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.

##### **FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID**

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

## Response

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.

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT** We have estimated that each response to this collection of information will take 10 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0754), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0754.  
**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507**