

Federal Communications Commission

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Account number: 420950

Description: KRWF FOURTH QUARTER 2008
Application Reference Number: 20090109AQZ
Successfully filed at Jan 9 2009 4:55PM

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Federal Communications Commission Washington, D C 20554		Approved by OMB 3060-1115 (March 2008)	FOR FCC USE ONLY
FCC 388		DTV Quarterly Activity Station Report	
		FOR COMMISSION USE ONLY FILE NO -20090109AQZ	
Licensee KSAX-TV, INC.			
Call Sign KRWF	Facility Id 35585	Previous Call Sign (if applicable)	
Community of License			
City	State	County	Zip Code
REDWOOD FALLS	MN	REDWOOD	56283 -
Nielsen DMA MINNEAPOLIS-ST. PAUL	World Wide Web Home Page Address WWW KSAX.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 04/01/2014	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
<input checked="" type="checkbox"/> Analog	43		
<input checked="" type="checkbox"/> Digital	27		
Report reflects information for quarter ending: 12/31/2008			
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)			
Over the past quarter, have you fully complied with the requirements of this option?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Simulcasting:			
Are you simulcasting on your Analog channel and your primary Digital stream?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Application Purpose:			
<input checked="" type="radio"/> DTV Education Report			
<input type="radio"/> Amendment		File Number -	
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.			

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	102
Total 5:00 a.m. to 1:00 a.m. CSTs	102
For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?	
Total 6:00 a.m. to 9:00 a.m.	10

PSAs	
Total 6:00 a.m. to 9:00 a.m.	0
CSTs	
For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	
Total 6:00 p.m. to 11:35 p.m.	
PSAs	
Total 6:00 p.m. to 11:35 p.m.	
CSTs	
For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m. (must average at least 4 per week)?	
Total 5:00 p.m. to 10:35 p.m.	28
PSAs	
Total 5:00 p.m. to 10:35 p.m.	0
CSTs	
Comments:	

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.	
Total number of 30 Minute Informational Programs	0
Comments:	

100-Day Countdown Eligible Pieces - Last Quarter

Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?	
0	<i>Graphic Displays</i>
0	<i>Animated Graphics</i>
0	<i>Graphic and Audio Displays</i>
0	<i>Longer Form Reminders</i>
Comments:	

Section D (For all broadcasters)

Additional DTV On-air Initiatives - Last Quarter	
Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc) during the quarter? The comment box may be used to describe these initiatives.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments:	
Station Website Additional Activity Related to the DTV Transition - Last Quarter	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: KRWF (TV) MAINTAINS A PERMANENT LINK ON THE LEFT HAND NAVIGATION BAR OF THE FRONT PAGE TO DIGITAL INFORMATION. CLICKING ON THE LINK DIRECTS THE USER TO A PAGE WITH INFORMATION	

ABOUT THE DIGITAL CONVERSION AS WELL AS LINKS TO THE FEDERAL GOVERNMENT COUPON PROGRAM, DIGITAL SIGNAL COVERAGE AREA AND THE CONVERSION DEADLINE.

Additional DTV Outreach Efforts -- Last Quarter

Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.

Speaking Engagements

Comments:

Community Events

Comments:

Other (describe)

Comments:

This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.

Comments:

AS REPORTED TO THE FCC, THE KRWF- ANALOG SIGNAL CEASED OPERATION ON OCTOBER 22, 2008 DUE TO A CATASTROPHIC EQUIPMENT FAILURE. KRWF WAS UNABLE TO REPAIR THE EQUIPMENT AND THE COMMISSION HAS GRANTED IT AUTHORITY TO HAVE CEASED ANALOG OPERATIONS. KRWF WAS IN COMPLIANCE WITH ITS ANALOG DTV OUTREACH OBLIGATIONS AT THE TIME OF THE EQUIPMENT FAILURE.

Station Certification

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing STATION MANAGER
Signature ED SMITH	Date (mm/dd/yyyy) 01/09/2009

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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