

Federal Communications Commission

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Description: FORM 388 KRWF THIRD QUARTER 2008
Application Reference Number: 20081010ASR
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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 -20081010ASR | |
| Licensee KSAX-TV, INC. | | | |
| Call Sign KRWF | Facility Id 35585 | Previous Call Sign (if applicable) | |
| Community of License | | | |
| City REDWOOD FALLS | State MN | County REDWOOD | Zip Code 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: 09/30/2008 | | | |
| 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 | 540 |
| Total 5:00 a.m. to 1:00 a.m. CSTs | 283 |
| 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. | 115 |

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| PSAs | |
| Total 6:00 a.m. to 9:00 a.m. CSTs | 31 |
| 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. PSAs | 118 |
| Total 5:00 p.m. to 10:35 p.m. CSTs | 86 |
| Comments: | |

30 Minute Educational Programs - Last Quarter

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| 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 | 1 |
| Comments: SATURDAY, 9/6/08 @ 1:00 PM | |

100-Day Countdown Eligible Pieces - Last Quarter

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|--|----------------------------|
| 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 | Graphic Displays |
| 0 | Animated Graphics |
| 0 | Graphic and Audio Displays |
| 0 | Longer Form Reminders |
| Comments: | |

Section D (For all broadcasters)

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| 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 TV 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:

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) 10/10/2008 |

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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