| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2025-2026 Enacted State Budget | | | | | | | | | | | | | | | | |
| 2 | | | WNET | WNED | WXXI | WCNY | WMHT | WSKG | WPBS | WCFE | WNYC | WFUV | WAMC | WSLU | WRVO | WAER | Total |
| 3 | Total Aprop(entry) | $14,027,000 | | | | | | | | | | | | | | | |
| 4 | Each Radio (formula) | $58,575.79 | | | | | | | | | | | | | | | |
| 5 | Total Radio(16XR4) | $937,213 | | | | | | | | | | | | | | | |
| 6 | TV Total(B3-B5) | $13,089,787 | | | | | | | | | | | | | | | |
| 7 | % TV Total(in Law) | | 50% | | | | | | | | | | | | | | |
| 8 | % of Remainder after NYC | $6,544,895 | | 19.64% | 17.31% | 15.29% | 16.80% | 11.28% | 10.10% | 9.56% | | | | | | | |
| 9 | TV State Aid Award | | $ 6,544,893 | $ 1,285,596 | $ 1,133,071 | $ 1,001,024 | $ 1,099,808 | $ 738,373 | $ 661,267 | $ 625,693 | | | | | | | $ 13,089,784 |
| 10 | Radio(s) | | $ 58,576 | $ 117,152 | $ 117,152 | $ 58,576 | $ 58,576 | $ 117,152 | | | $ 117,152 | $ 58,576 | $ 58,576 | $ 58,576 | $ 58,576 | $ 58,576 | $ 937,216 |
| 11 | | | $ 6,603,469 | $ 1,402,747 | $ 1,250,223 | $ 1,059,600 | $ 1,158,444 | $ 855,525 | $ 661,267 | $ 625,693 | $ 117,152 | $ 58,576 | $ 58,576 | $ 58,576 | $ 58,576 | $ 58,576 | $ 14,027,000 |
| 12 | PB Base Aid Total 25-26 | | $ 6,603,469 | $ 1,402,747 | $ 1,250,223 | $ 1,059,600 | $ 1,158,444 | $ 855,525 | $ 661,267 | $ 625,693 | $ 117,152 | $ 58,576 | $ 58,576 | $ 58,576 | $ 58,576 | $ 58,576 | $ 14,027,000 |
| 13 | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | |
| 15 | PAYMENT SCHEDULE | | | | | | | | | | | | | | | | |
| 16 | Payment #1 (Due by July 15th) | First (60%) | $ 3,962,081 | $ 841,648 | $ 750,134 | $ 635,760 | $ 695,066 | $ 513,315 | $ 396,760 | $ 375,416 | $ 70,291 | $ 35,146 | $ 35,146 | $ 35,146 | $ 35,146 | $ 35,146 | $ 8,416,895 |
| 17 | Payment #2 (Due by Oct 15th) | Second (30%) | $ 1,981,041 | $ 420,824 | $ 375,067 | $ 317,880 | $ 347,533 | $ 256,658 | $ 198,380 | $ 187,708 | $ 35,146 | $ 17,573 | $ 17,573 | $ 17,573 | $ 17,573 | $ 17,573 | $ 4,208,102 |
| 18 | Payment #3 (Due by June 1st) | Final (10%) | $ 660,347 | $ 140,275 | $ 125,022 | $ 105,960 | $ 115,151 | $ 85,552 | $ 66,127 | $ 62,569 | $ 11,715 | $ 5,857 | $ 5,857 | $ 5,857 | $ 5,857 | $ 5,857 | $ 1,402,003 |
| 19 | PB Base Aid Total 25-26 | | $ 6,603,469 | $ 1,402,747 | $ 1,250,223 | $ 1,059,600 | $ 1,158,444 | $ 855,525 | $ 661,267 | $ 625,693 | $ 117,152 | $ 58,576 | $ 58,576 | $ 58,576 | $ 58,576 | $ 58,576 | $ 14,027,000 |
| 20 | | | | | | | | | | | | | | | | | |
| 21 | | | WLIW-FM | WNED-FM | WXXI-FM | WCNY-FM | WMHT-FM | WSKG-FM | no radio | no radio | WNYC-AM | | | | | | |
| 22 | | | (prev. WPPB) | WBFO-FM | AM1370 | | | WSQX-FM | | | WNYC-FM | | | | | | |
| 23 | | | | | | | | | | | | | | | | | |
| 24 | SEDREF Name: | | WNET.ORG | WNED/CHANNEL 1 | WXXI PUBLIC BRO | PUBLIC BROADCA | WMHT EDUC TELE | WSKG PUBLIC TEL | ST LAWRENCE VA | MOUNTAIN LAKE F | WNYC FOUNDATION ( | WFUV-FM | WAMC INC | NORTH COUNTRY | SUNY OSWEGO - V | SYRACUSE - WAER | |
| 25 | Institution ID: | | 800000067511 | 800000052492 | 800000050254 | 800000040907 | 800000038326 | 800000055047 | 800000051140 | 800000053816 | 800000047675 | 800000040675 | 800000055550 | 800000038007 | 800000066112 | 800000040700 | |
| 26 | SED Code: | | 800000067511 | 140600030268 | 261600630263 | 421501630260 | 530600630266 | 302006302 70 | 222000630259 | 91200630254 | 310200630267 | 321000630021 | 10100630259 | 510201630257 | 800000066112 | 421800630278 | |
| 27 | Vendor Code: | | 1000097554 | 1000028380 | 1000003330 | 1000028412 | 1100005705 | 1000007397 | 10000 14723 | 1000013871 | 1000006270 | 1000026019 | 1000008756 | 1000028138 | 1000013735 | 1000028131 | |
| 28 | Payee ID | | 131945149 | 160824459 | 160838086 | 160870277 | 141400177 | 150620345 | 150611509 | 141513789 | 133015230 | 131740451 | 222400593 | 150532239 | 141368361 | 150532081 | |
| 29 | | | | | | | | | | | NY Public Radio | Fordham Univ | | St Lawrence | | Syracuse | |

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **2025-2026 Additional Aid for Public Radio** | | | | | | | | | | | | | | | | | |
| 2 | | | **WNET** | **WNED** | **WXXI** | **WCNY** | **WMHT** | **WSKG** | **WPBS** | **WCFE** | **WNYC** | **WPPB** | **WFUV** | **WAMC** | **WSLU** | **WRVO** | **WAER** | **Total** |
| 3 | Additional Aid (entry) | $4,000,000 | | | | | | | | | | | | | | | | |
| 4 | Each Radio (formula) | $250,000 | | | | | | | | | | | | | | | | |
| 5 | Total Radio (16X84) | $4,000,000 | | | | | | | | | | | | | | | | |
| 6 | Additional Aid Total | | $ 250,000 | $ 500,000 | $ 500,000 | $ 250,000 | $ 250,000 | $ 500,000 | | | $ 500,000 | | $ 250,000 | $ 250,000 | $ 250,000 | $ 250,000 | $ 250,000 | $ 4,000,000 |
| 7 | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | |
| 10 | | | WLIW-FM | WNED-FM | WXXI-FM | WCNY-FM | WMHT-FM | WSKG-FM | no radio | no radio | WNYC-AM | Absorbed by WNET | | | | | | |
| 11 | | | (prev. WPPB) | WBFO-FM | AM1370 | | | WSQX-FM | | | WNYC-FM | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | **SEDREF Name:** | | **WNET.ORG** | **WNED/CHANNEL 1** | **WXXI PUBLIC BRO** | **PUBLIC BROADCA** | **WMHT EDUC TELE** | **WSKG PUBLIC TEL** | **ST LAWRENCE VA** | **MOUNTAIN LAKE F** | **WNYC FOUNDATION (THE)** | | **WFUV-FM** | **WAMC INC** | **NORTH COUNTRY** | **SUNY OSWEGO - V** | **SYRACUSE - WAER** | |
| 14 | **Institution ID:** | | 800000067511 | 800000052492 | 800000050254 | 800000040907 | 800000038326 | 800000055047 | 800000051140 | 800000053816 | 800000047675 | | 800000046075 | 800000055550 | 800000039907 | 800000066112 | 800000040700 | |
| 15 | **SFD Code** | | 800000067511 | 1400000030268 | 2916000030263 | 4215016030260 | 5306000030260 | 3020000030270 | 2220000030258 | 9120000030254 | 3102000030267 | | 3210000030021 | 1010000030259 | 5102016030257 | 8000000066112 | 4218000030278 | |
| 16 | **Vendor Code:** | | 1000057564 | 1000028380 | 1000033330 | 1000028412 | 1100005705 | 1000007397 | 1000014723 | 1000013871 | 1000006270 | | 1000026019 | 1000008756 | 1000028138 | 1000013735 | 1000028151 | |
| 17 | Payee ID | | 131945149 | 160834459 | 160838086 | 160876277 | 141400177 | 150620345 | 150611509 | 141513789 | 133015230 | | 131740451 | 222400593 | 150532239 | 141368361 | 150532061 | |
| 18 | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | |
| 20 | PAYMENT SCHEDULE | | | | | | | | | | NY Public Radio | | Fordham Univ | | St Lawrence | | Syracuse | |
| 21 | Payment #1 (Due by July 15th) | 100% | $ 250,000 | $ 500,000 | $ 500,000 | $ 250,000 | $ 250,000 | $ 500,000 | $ - | $ - | $ 500,000 | $ - | $ 250,000 | $ 250,000 | $ 250,000 | $ 250,000 | $ 250,000 | $ 4,000,000 |

AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency: NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code: 11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY) / / | OSC Use Only | | | Liability Date (MM) (DD) (YY) / / | |
| 2. Payee ID: 262810489 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY) / / |
| 4. Payee Name (Limit to 30 spaces): WNET | | | | IRS Code | IRS Amount |
| Payee Name (Limit to 30 spaces) | | | | Stat. Type | Statistic / Indicator-Dept. / Indicator-Statewide |
| Address (Limit to 30 spaces): 825 Eighth Avenue, 14th Floor | | | | 5. Ref/Inv. No. | Fiscal Year 2025/26 NYS Grant |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY) / / | 07/15/2025 |
| City (Limit to 20 spaces): New York | State: NY | Zip Code: 10019 | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | First payment of operational aid to educational television for the fiscal year | $3,962,081 | |
| | | Additional radio aid '25-'26 | $ 250,000 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: Education Law Section 236 | TOTAL | $4,212,081 |
| 8. Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. | Less Receipts | |
| → [signature] 05/16/25 | NET | |
| Signature in Ink / Date | State Aid ___%Claimed | |
| Title: Vice President, Treasurer & CFO | | |
| Name of Municipality | | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | |
|---|---|---|---|
| Merchandise Received / Date / Page No. / By | I certify that this claim is correct and just, and payment is approved. By / Date | Verified / Audited | State Aid / Certified For Payment Of State Aid Amount By |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | | Accum | | | | | | |
| Dept. | Cost Center Unit | Var | Yr | Object | Dept | Statewide | Amount | Orig. Agency | PO/Contract | Line | F/P |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

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|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency<br>NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code<br>11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY)<br>/ / | | OSC Use Only | | Liability Date (MM) (DD) (YY)<br>/ / | |
| 2. Payee ID<br>160834459 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY)<br>/ / |
| 4. Payee Name (Limit to 30 spaces)<br>Western New York Public | | | | IRS Code / IRS Amount | |
| Payee Name (Limit to 30 spaces)<br>Broadcasting Association | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces)<br>P.O. Box 1263 | | | | 5. Ref/Inv. No. | |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY)<br>/ / | |
| City (Limit to 20 spaces)<br>Buffalo | State<br>NY | Zip Code<br>14240-1263 | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | First Payment of Public Broadcasting Aid 2025-2026 (WNED-TV, WNED-FM, WBFO-FM) | $841,648 | |
| | | Additional radio aid '25-'26 | $500,000 | |
| | | | | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: | TOTAL | $1,341.648 ~~$0.00~~ |
| 8. Payee Certification:<br>I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.<br>→ [signature] 5/22/25<br>Signature in Ink Date<br>Title Executive VP & COO<br>Name of Municipality | Less Receipts | |
| | NET | |
| | State Aid ___%Claimed | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | | |
|---|---|---|---|---|
| Merchandise Received<br>Date<br>Page No.<br>By | I certify that this claim is correct and just, and payment is approved.<br>By<br>Date | Verified<br>Audited | State Aid | Certified For Payment Of State Aid Amount<br>By |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | Object | Accum | | Amount | Orig. Agency | PO/Contract | Line | F/P |
| Dept. | Cost Center Unit | Var | Yr | | Dept | Statewide | | | | | |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

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|---|---|---|---|---|---|---|
| | | | | | | Voucher No. |
| 1. Originating Agency<br>NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code<br>11000 | | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY)<br>/ / | | OSC Use Only | | | Liability Date (MM) (DD) (YY)<br>/ / | |
| 2. Payee ID<br>160838086 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY)<br>/ / | |
| 4. Payee Name (Limit to 30 spaces)<br>WXXI PUBLIC BROADCASTING COUNC | | | | IRS Code | IRS Amount | |
| Payee Name (Limit to 30 spaces) | | | | Stat. Type | Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces)<br>280 STATE STREET | | | | 5. Ref/Inv. No. | | |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY)<br>/ / | | |
| City (Limit to 20 spaces)<br>ROCHESTER | State<br>NY | Zip Code<br>14614 | | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | 1st. payment of Operation aid<br>education, television and radi<br>for the 2025-2026 year<br><br>WXXI-TV<br>WXXI-FM<br>WXXI-AM \| Additional radio aid '25-'26 | $750,134<br><br>$500,000 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: EDUCATION LAW SEC. 236 | TOTAL | $1,250,134 ~~$0.00~~ |
| 8. Payee Certification:<br>I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.<br>→ V.P. Mom 05/19/2025<br>Signature in Ink / Date<br>Title Chief Financial Officer<br>Name of Municipality WXXI Public Broadcasting Council | Less Receipts | |
| | NET | |
| | State Aid %Claimed | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | |
|---|---|---|---|
| Merchandise Received | I certify that this claim is correct and just, and payment is approved. | | State Aid |
| Date | By | Verified | Certified For Payment Of State Aid Amount |
| Page No. | Date | Audited | By |
| By | | | |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | | Accum | | | | | | |
| Dept. | Cost Center Unit | Var | Yr | Object | Dept | Statewide | Amount | Orig. Agency | PO/Contract | Line | F/P |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

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|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code 11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY) / / | | OSC Use Only | | Liability Date (MM) (DD) (YY) / / | |
| 2. Payee ID | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY) / / |
| 4. Payee Name (Limit to 30 spaces) WCNY | | | | IRS Code | IRS Amount |
| Payee Name (Limit to 30 spaces) | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces) 415 West Fayette Street | | | | 5. Ref/Inv. No. | |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY) / / | |
| City (Limit to 20 spaces) Syracuse | State NY | Zip Code 13204 | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | State aid payment 1 (60.1.) | $635,760 | |
| | | Additional radio aid 25-26 | $250,000 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: | TOTAL | $885,760 ~~$0.00~~ |
| 8. Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. → _____ 06/03/20 Signature in Ink / Date. Title President and CEO. Name of Municipality _____ | Less Receipts | |
| | NET | |
| | State Aid ___%Claimed | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | |
|---|---|---|---|
| Merchandise Received / Date / Page No. / By | I certify that this claim is correct and just, and payment is approved. By _____ Date _____ | Verified / Audited | State Aid. Certified For Payment Of State Aid Amount. By _____ |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | | Accum | | | | | | |
| Dept. | Cost Center Unit | Var | Yr | Object | Dept | Statewide | Amount | Orig. Agency | PO/Contract | Line | F/P |
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# STATE AID VOUCHER

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency<br>NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code<br>11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY)<br>/ / | | OSC Use Only | | Liability Date (MM) (DD) (YY)<br>/ / | |
| 2. Payee ID<br>141400177 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY)<br>/ / |
| 4. Payee Name (Limit to 30 spaces)<br>WMHT EDUCATIONAL | | | | IRS Code / IRS Amount | |
| Payee Name (Limit to 30 spaces)<br>TELECOMMUNICATIONS | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces)<br>4 GLOBAL VIEW | | | | 5. Ref/Inv. No.<br>07/15/25 | |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY)<br>07 / 15 / 25 | |
| City (Limit to 20 spaces)<br>TROY | | State<br>NY | Zip Code<br>12180 | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | 1st PAYMENT OF THE OPERATION TO EDUCATIONAL TELEVISION AND RADIO FOR THE 2025-2026 YEAR:<br>WMHT-TV<br>WMHT-FM<br>Additional Radio Aid '25-26 | $695,760<br>$250,000 | |
| | | 7. State Aid Program or Applicable Statute: | TOTAL | $945,760 |

8. Payee Certification:
I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.

→ _____ 7/1/2025
Signature in Ink — Date
Title VP and CFO

Name of Municipality RENSSELAER

Less Receipts
NET
State Aid ___%Claimed

## FOR STATE AGENCY USE ONLY

Merchandise Received
Date
Page No.
By

I certify that this claim is correct and just, and payment is approved.

By

Date

## STATE COMPTROLLER'S PRE-AUDIT

State Aid
Verified
Audited
Certified For Payment Of State Aid Amount
By

## Expenditure

| Cost Center Code Dept. | Cost Center Unit | Var | Yr | Object | Accum Dept | Accum Statewide | Amount |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## Liquidation

| Orig. Agency | PO/Contract | Line | F/P |
|---|---|---|---|
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# STATE AID VOUCHER

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency<br>NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code<br>11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY)<br>/ / | | OSC Use Only | | Liability Date (MM) (DD) (YY)<br>/ / | |
| 2. Payee ID<br>150620345 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY)<br>/ / |
| 4. Payee Name (Limit to 30 spaces)<br>WSKG | | | | IRS Code | IRS Amount |
| Payee Name (Limit to 30 spaces)<br>Public Telecommunications Cncl | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces)<br>601 Gates Road | | | | 5. Ref/Inv. No. | |
| Address (Limit to 30 spaces)<br>Suite 4 | | | | Ref/Inv. Date (MM) (DD) (YY)<br>/ / | |
| City (Limit to 20 spaces)<br>Vestal | State<br>NY | Zip Code<br>13850 | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | State Aid payment 1 (60%)<br>Additional radio aid '25-'26 | $513,315<br>~~$~~<br>$500,000 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: | TOTAL | $1,013,315 ~~$0.00~~ |
| 8. Payee Certification:<br>I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.<br>→ [signature] 5/28/25<br>Signature in Ink Date<br>Title President & CEO<br>Name of Municipality | Less Receipts | |
| | NET | |
| | State Aid ___%Claimed | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | |
|---|---|---|---|
| Merchandise Received<br>Date<br>Page No.<br>By | I certify that this claim is correct and just, and payment is approved.<br>By<br>Date | Verified<br>Audited | State Aid<br>Certified For Payment Of State Aid Amount<br>By |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | Object | Accum | | Amount | Orig. Agency | PO/Contract | Line | F/P |
| Dept. | Cost Center Unit | Var | Yr | | Dept | Statewide | | | | | |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

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|---|---|---|---|---|---|---|
| | | | | | | Voucher No. |
| 1. Originating Agency<br>NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code<br>11000 | Interest Eligible (Y/N) | | |
| Payment Date (MM) (DD) (YY)<br>/ / | | OSC Use Only | | Liability Date (MM) (DD) (YY)<br>/ / | | |
| 2. Payee ID<br>150611509 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY)<br>/ / | |
| 4. Payee Name (Limit to 30 spaces)<br>St. Lawrence Valley ETVC | | | | IRS Code | IRS Amount | |
| Payee Name (Limit to 30 spaces)<br>dba WPBS-TV | | | | Stat. Type | Statistic | Indicator-Dept. / Indicator-Statewide |
| Address (Limit to 30 spaces)<br>1056 Arsenal Street | | | | 5. Ref/Inv. No. | | |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY)<br>/ / | | |
| City (Limit to 20 spaces)<br>Watertown | State<br>NY | Zip Code<br>13601 | | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | First Payment<br>Ed. TV Operational Aid to<br>edicational TV for<br>July 1, 2025 to June 30, 2026 | $396,760 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: | TOTAL | $396,760 ~~$6.00~~ |
| 8. Payee Certification:<br>I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.<br>→ [signature] 05/16/25<br>Signature in Ink Date<br>Title President & General Manager<br>Name of Municipality | Less Receipts | |
| | NET | |
| | State Aid ___%Claimed | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | | |
|---|---|---|---|---|
| Merchandise Received | I certify that this claim is correct and just, and payment is approved. | | State Aid | |
| Date | By | Verified | Certified For Payment Of State Aid Amount | |
| Page No. | Date | Audited | By | |
| By | | | | |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | | Accum | | | | | | |
| Dept. | Cost Center Unit | Var | Yr | Object | Dept | Statewide | Amount | Orig. Agency | PO/Contract | Line | F/P |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

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|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency: NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code: 11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY) / / | | OSC Use Only | | Liability Date (MM) (DD) (YY) / / | |
| 2. Payee ID: 141513789 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY) / / |
| 4. Payee Name (Limit to 30 spaces): Mountain Lake Public | | | | IRS Code | IRS Amount |
| Payee Name (Limit to 30 spaces): Telecommunications Council | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces): One Sesame Street | | | | 5. Ref/Inv. No.: 1st Payment FY26 | |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY): 07 / 01 / 2025 | |
| City (Limit to 20 spaces): Plattsburgh | | State: NY | Zip Code: 12901 | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | First Payment of Operational Aid to Educational Television for the Year 2025-26 | $375,416 | |

7. State Aid Program or Applicable Statute: Education Law Section 236

| | |
|---|---|
| TOTAL | $375,416 ~~$0.00~~ |
| Less Receipts | |
| NET | |
| State Aid ___%Claimed | |

8. Payee Certification:

I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.

→ _____ 05/20/25

Signature in Ink Date

Title President & CEO

Name of Municipality _____

## FOR STATE AGENCY USE ONLY

Merchandise Received

Date

Page No.

By

I certify that this claim is correct and just, and payment is approved.

By

Date

## STATE COMPTROLLER'S PRE-AUDIT

State Aid

Verified

Audited

Certified For Payment Of State Aid Amount

By _____

### Expenditure

| Cost Center Code: Dept. | Cost Center Code: Cost Center Unit | Var | Yr | Object | Accum: Dept | Accum: Statewide | Amount |
|---|---|---|---|---|---|---|---|
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### Liquidation

| Orig. Agency | PO/Contract | Line | F/P |
|---|---|---|---|
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency<br>NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code<br>11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY)<br>/ / | OSC Use Only | | | Liability Date (MM) (DD) (YY)<br>/ / | |
| 2. Payee ID<br>1000006270 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY)<br>/ / |
| 4. Payee Name (Limit to 30 spaces)<br>New York Public Radio | | | | IRS Code | IRS Amount |
| Payee Name (Limit to 30 spaces)<br>WNYC Radio | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces)<br>160 Varick Street | | | | 5. Ref/Inv. No. | |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY)<br>/ / | |
| City (Limit to 20 spaces)<br>New York | State<br>NY | Zip Code<br>10013 | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | First payment of operational aid to educational radio for fiscal year 2026 to New York Public Radio | $70,291 | |
| | | Additional award for 25-26 | $500,000 | |
| | | TOTAL | 570,291 | 00 |

7. State Aid Program or Applicable Statute:

8. Payee Certification:

I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.

→ Ry [signature] 6/3/2025
Signature in Ink Date

Title Vice President, Controller

Name of Municipality

| | |
|---|---|
| Less Receipts | |
| NET | |
| State Aid ___%Claimed | |

## FOR STATE AGENCY USE ONLY

Merchandise Received

Date

Page No.

By

I certify that this claim is correct and just, and payment is approved.

By

Date

## STATE COMPTROLLER'S PRE-AUDIT

State Aid

Verified

Audited

Certified For Payment Of State Aid Amount

By

### Expenditure

| Cost Center Code | | | | Object | Accum | | Amount |
|---|---|---|---|---|---|---|---|
| Dept. | Cost Center Unit | Var | Yr | | Dept | Statewide | |
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### Liquidation

| Orig. Agency | PO/Contract | Line | F/P |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

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|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency: NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code: 11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY) / / | | OSC Use Only | | Liability Date (MM) (DD) (YY) / / | |
| 2. Payee ID: 131740451 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY) / / |
| 4. Payee Name (Limit to 30 spaces): WFUV-FM | | | | IRS Code / IRS Amount | |
| Payee Name (Limit to 30 spaces): Fordham University | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces): 441 E, Fordham Road | | | | 5. Ref/Inv. No. | |
| Address (Limit to 30 spaces): Keating Hall - Room B12 | | | | Ref/Inv. Date (MM) (DD) (YY) / / | |
| City (Limit to 20 spaces): Bronx | State: NY | Zip Code: 10458 | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| 07/15/25 | | First payment - operational aid to educational television & radio for the 2025-2026 year | $35,146 | |
| | | Additional programmatic award for '25-26 | $250,000 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: | TOTAL | $285,146.00 ~~$0.00~~ |
| 8. Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. → [signature] 06/05/25 Signature in Ink / Date. Title: General Manager. Name of Municipality: | Less Receipts | |
| | NET | |
| | State Aid ___%Claimed | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | | |
|---|---|---|---|---|
| Merchandise Received | I certify that this claim is correct and just, and payment is approved. | | State Aid | |
| Date | By | Verified | Certified For Payment Of State Aid Amount | |
| Page No. | Date | Audited | By | |
| By | | | | |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | | Accum | | | | | | |
| Dept. | Cost Center Unit | Var | Yr | Object | Dept | Statewide | Amount | Orig. Agency | PO/Contract | Line | F/P |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

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|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency: NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code: 11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY) / / | | OSC Use Only | | Liability Date (MM) (DD) (YY) / / | |
| 2. Payee ID: 222400593 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY) / / |
| 4. Payee Name (Limit to 30 spaces): WAMC | | | | IRS Code | IRS Amount |
| Payee Name (Limit to 30 spaces): | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces): 318 Central Avneue | | | | 5. Ref/Inv. No. | |
| Address (Limit to 30 spaces): | | | | Ref/Inv. Date (MM) (DD) (YY) / / | |
| City (Limit to 20 spaces): Albany | State: NY | Zip Code: 12206 | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | 2025-2026 Award, Radio Payment #1 7/15/25 | $35,146 | |
| | | Additional programmatic aid '25-'26 | $250,000 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: | TOTAL | $285,146.00 ~~$0.00~~ |
| 8. Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. → _____ (Signature in Ink) 05/19/25 (Date) Title: President & CEO Name of Municipality: _____ | Less Receipts | |
| | NET | |
| | State Aid ___%Claimed | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | |
|---|---|---|---|
| Merchandise Received | I certify that this claim is correct and just, and payment is approved. | | State Aid |
| Date | By | Verified | Certified For Payment Of State Aid Amount |
| Page No. | Date | Audited | By |
| By | | | |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | Object | Accum | | Amount | Orig. Agency | PO/Contract | Line | F/P |
| Dept. | Cost Center Unit | Var | Yr | | Dept | Statewide | | | | | |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency<br>NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code<br>11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY)<br>/ / | | OSC Use Only | | Liability Date (MM) (DD) (YY)<br>/ / | |
| 2. Payee ID<br>150532239 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY)<br>/ / |
| 4. Payee Name (Limit to 30 spaces)<br>North Country Public Radio | | | | IRS Code | IRS Amount |
| Payee Name (Limit to 30 spaces)<br>WSLU FM | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces)<br>St. Lawrence University | | | | 5. Ref/Inv. No. | |
| Address (Limit to 30 spaces)<br>23 Romoda Drive | | | | Ref/Inv. Date (MM) (DD) (YY)<br>/ / | |
| City (Limit to 20 spaces)<br>Canton | | State<br>NY | Zip Code<br>13617 | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | Initial (60%) Op Aid payment | $35,146.00 | |
| | | Additional programmatic aid '25-'26 | $250,000.00 | |
| | | TOTAL | $285,146 ~~$0.00~~ | |

7. State Aid Program or Applicable Statute:

8. Payee Certification:

I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.

→ _____ 05/19/25

Signature in Ink / Date

Title Mitchell Teich, Station Manager

Name of Municipality _____

| | |
|---|---|
| Less Receipts | |
| NET | |
| State Aid ___%Claimed | |

## FOR STATE AGENCY USE ONLY

Merchandise Received

Date

Page No.

By

I certify that this claim is correct and just, and payment is approved.

_____ By

_____ Date

## STATE COMPTROLLER'S PRE-AUDIT

State Aid

Verified

Audited

Certified For Payment Of State Aid Amount

By _____

### Expenditure

| Cost Center Code | | | | | Accum | | |
|---|---|---|---|---|---|---|---|
| Dept. | Cost Center Unit | Var | Yr | Object | Dept | Statewide | Amount |
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### Liquidation

| Orig. Agency | PO/Contract | Line | F/P |
|---|---|---|---|
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Voucher No.1 |
| 1. Originating Agency: NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code: 11000 | Interest Eligible (Y/N): | |
| Payment Date (MM) (DD) (YY): / / | | OSC Use Only | | Liability Date (MM) (DD) (YY): / / | |
| 2. Payee ID: 141368361 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY): / / |
| 4. Payee Name (Limit to 30 spaces): The Research Foundation /WRVO | | | | IRS Code: | IRS Amount: |
| Payee Name (Limit to 30 spaces): For SUNY | | | | Stat. Type: | Statistic: / Indicator-Dept. / Indicator-Statewide |
| Address (Limit to 30 spaces): ATTN: Cash Receipts Department | | | | 5. Ref/Inv. No. 230-WRVO-25/26- .01 | |
| Address (Limit to 30 spaces): PO Box 9 | | | | Ref/Inv. Date (MM) (DD) (YY): / / | |
| City (Limit to 20 spaces): Albany | State: NY | Zip Code: 12201-0009 | | NYS Vendor ID# 1000013735 | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount: Dollars | Amount: Cents |
|---|---|---|---|---|
| | | Per the terms of the contract<br>60% state aid | $35,146 | |
| | | Additional programmatic aid 25-26 | $250,000 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: | TOTAL | $285,146.00 ~~$350~~ |
| 8. Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute, that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. | Less Receipts | |
| → Kathleen Mather (Signature in Ink) 06/03/25 (Date)<br>Title: Senior Fiscal Specialist<br>Name of Municipality: | NET | |
| | State Aid ___%Claimed | |

| FOR STATE AGENCY USE ONLY | | STATE COMPTROLLER'S PRE-AUDIT | |
|---|---|---|---|
| Merchandise Received | I certify that this claim is correct and just, and payment is approved. | | State Aid |
| Date | By | Verified | Certified For Payment Of State Aid Amount |
| Page No. | Date | Audited | By |
| By | | | |

| Expenditure | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cost Center Code | | | | | Accum | | | | | | |
| Dept. | Cost Center Unit | Var | Yr | Object | Dept | Statewide | Amount | Orig. Agency | PO/Contract | Line | F/P |
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AC 1171 (Rev. 10/96) STATE OF NEW YORK

# STATE AID VOUCHER

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Voucher No. |
| 1. Originating Agency: NEW YORK STATE EDUCATION DEPARTMENT | | | Orig. Agency Code: 11000 | Interest Eligible (Y/N) | |
| Payment Date (MM) (DD) (YY) / / | | OSC Use Only | | Liability Date (MM) (DD) (YY) / / | |
| 2. Payee ID: 150532081 | Additional | 3. Zip Code | Route | Payee Amount | MIR Date (MM) (DD) (YY) / / |
| 4. Payee Name (Limit to 30 spaces): WAER/Syracuse University | | | | IRS Code | IRS Amount |
| Payee Name (Limit to 30 spaces) | | | | Stat. Type / Statistic / Indicator-Dept. / Indicator-Statewide | |
| Address (Limit to 30 spaces): 795 Ostrom Ave | | | | 5. Ref/Inv. No. | |
| Address (Limit to 30 spaces) | | | | Ref/Inv. Date (MM) (DD) (YY) / / | |
| City (Limit to 20 spaces): Syracuse | State: NY | Zip Code: 13210 | | | |

| 6. Date Paid | Check or Voucher No. | Description of Charges (If Personal Service, show name, title, period covered) | Amount Dollars | Amount Cents |
|---|---|---|---|---|
| | | State aid payment #1 | $35,146 | |
| | | Additional programmatic funding '25-'26 | $250,000 | |

| | | |
|---|---|---|
| 7. State Aid Program or Applicable Statute: | TOTAL | $285,146 |
| 8. Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. | Less Receipts | |
| → _____ _____ Signature in Ink / Date | NET | |
| Title: WAER Exec Director & General Manager | State Aid ____%Claimed | |
| Name of Municipality _____ | | |

**FOR STATE AGENCY USE ONLY**

| | |
|---|---|
| Merchandise Received | I certify that this claim is correct and just, and payment is approved. |
| Date | _____ By |
| Page No. | _____ Date |
| By | |

**STATE COMPTROLLER'S PRE-AUDIT**

| | | | |
|---|---|---|---|
| | State Aid | | |
| Verified | Certified For Payment Of State Aid Amount | | |
| Audited | By _____ | | |

**Expenditure**

| Cost Center Code: Dept. | Cost Center Unit | Var | Yr | Object | Accum: Dept | Accum: Statewide | Amount |
|---|---|---|---|---|---|---|---|
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**Liquidation**

| Orig. Agency | PO/Contract | Line | F/P |
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