	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(16XB4)	$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	$ 1,285,595	$ 1,133,071	$ 1,001,024	$ 1,099,868	$ 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	$ 695,760	$ 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 TEI**	**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	800000046075	800000055550	800000038907	800000066112	800000040700	
26	SED Code:		800000067511	140600630268	261600630263	421501630260	530600630266	30200630270	222000630258	91200630254	310200630267	321000630021	10100630259	510201630257	800000066112	421800630278	
27	**Vendor Code:**		1000057554	1000028380	1000003330	1000028412	1100005705	1000007397	1000014723	1000013871	1000006270	1000026019	1000008756	1000028138	1000013735	1000028131	
28	Payee ID:		131945149	160834459	160838086	160876277	141400177	150620345	150611509	141513789	133015230	131740451	222400593	150532239	141368361	150532081	
29											NY Public Radio	Fordham Univ		St Lawrence		Syracuse	

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
262810489					/ /

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) / / 06/01/2026			
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
		Third payment of operational aid to educational television for the fiscal year	$660,347.00	

7. State Aid Program or Applicable Statute: Education Law Section 236	TOTAL	
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 05/16/25 Date Title Vice President, Treasurer & CFO Name of Municipality	Less Receipts	$660,347.00
	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

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
160834459					/ /

4. Payee Name (Limit to 30 spaces) Western New York Public	IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces) Broadcasting Association	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) P.O. Box 1263	5. Ref/Inv. No.			
Address (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY) / /			

City (Limit to 20 spaces)	State	Zip Code
Buffalo	NY	14240-1263

6. Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Amount Cents
		Third Payment of Public Broadcasting Aid 2025-2026 (WNED-TV, WNED-FM, WBFO-FM)	$140,275	00

7. State Aid Program or Applicable Statute:

TOTAL	$140,275.00 ~~$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.

→ [signature] 5/22/25

Signature in Ink Date

Title Executive VP & COO

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								Liquidation			
Cost Center Code					Accum						
Dept.	Cost Center Unit	Var	Yr	Object	Dept	Statewide	Amount	Orig. Agency	PO/Contract	Line	F/P

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 160838086	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY) / /
4. Payee Name (Limit to 30 spaces) 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) 280 STATE STREET				5. Ref/Inv. No.	
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY) / /	
City (Limit to 20 spaces) ROCHESTER	State NY	Zip Code 14614			

6. Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Amount Cents
		3rd. payment of Operation aid education, television and radi for the 2025-2026 year WXXI-TV WXXI-FM WXXI-AM	$125,022.00	

7. State Aid Program or Applicable Statute: EDUCATION LAW SECT. 236	TOTAL	$125,022.00 ~~$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. → V.P. Mann 05/19/2025 Signature in Ink Date Title Chief Financial Officer 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

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	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 3 (10%)	$105,960.00	

7. State Aid Program or Applicable Statute:	TOTAL	$105,960.00 ~~$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] 06/03/20 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	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

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
141400177					/ /

4. Payee Name (Limit to 30 spaces) WMHT EDUCATIONAL	IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) TELECOMMUNICATIONS	Stat. Type	Statistic	Indicator-Dept. / Indicator-Statewide
Address (Limit to 30 spaces) 4 GLOBAL VIEW	5. Ref/Inv. No. 06/01/26		
Address (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY) 06 / 01 / 26		
City (Limit to 20 spaces) TROY	State NY	Zip Code 12180	

6. Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Amount Cents
		THIRD PAYMENT OF THE OPERATION TO EDUCATIONAL TELEVISION AND RADIO FOR THE 2025-2026 YEAR: WMHT-TV WMHT-FM	$115,151	06

7. State Aid Program or Applicable Statute:

TOTAL	$115,151.00
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.

→ _____ Date 5/15/2026

Signature in Ink

Title VP and CFO

Name of Municipality RENSSELAER

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								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept	Statewide					

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
150620345					/ /

4. Payee Name (Limit to 30 spaces) WSKG	IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces) Public Telecommunications Cncl	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) 601 Gates Road	5. Ref/Inv. No.			
Address (Limit to 30 spaces) Suite 4	Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces) Vestal	State NY	Zip Code 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 #3 (10%)	$85,552	00

7. State Aid Program or Applicable Statute:	TOTAL	$85,552.00 ~~$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] 5/28/25 Signature in Ink 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					Accum						
Dept.	Cost Center Unit	Var	Yr	Object	Dept	Statewide	Amount	Orig. Agency	PO/Contract	Line	F/P

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
150611509					/ /

4. Payee Name (Limit to 30 spaces) St. Lawrence Valley ETVC	IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces) dba WPBS-TV	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) 1056 Arsenal Street	5. Ref/Inv. No.			
Address (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces) Watertown	State NY	Zip Code 13601		

6. Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Amount Cents
		Third Payment Ed. TV Operational Aid to edicational TV for July 1, 2025 to June 30, 2026	$66,127.00	

7. State Aid Program or Applicable Statute:	TOTAL	$66,127.00 ~~$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] 05/16/25 Signature in Ink Date Title President & 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

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
141513789					/ /

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. 3rd Payment FY26			
Address (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY) 06 / 01 / 2026			
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
		Third Payment of Operational Aid to Educational Television for the Year 2025-26	$62,569	00

7. State Aid Program or Applicable Statute: Education Law Section 236	TOTAL	$62,569.00 ~~$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 _____ Date 05/20/25 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					Accum						
Dept.	Cost Center Unit	Var	Yr	Object	Dept	Statewide	Amount	Orig. Agency	PO/Contract	Line	F/P

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 1000006270	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY) / /
4. Payee Name (Limit to 30 spaces) New York Public Radio			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) WNYC Radio			Stat. Type	Statistic	Indicator-Dept. / Indicator-Statewide
Address (Limit to 30 spaces) 160 Varick Street			5. Ref/Inv. No.		
Address (Limit to 30 spaces)			Ref/Inv. Date (MM) (DD) (YY) / /		
City (Limit to 20 spaces) New York	State NY	Zip Code 10013			

6. Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Amount Cents
		Third payment of operational aid to educational radio for fiscal year 2026 to New York Public Radio	$11,715.00	

7. State Aid Program or Applicable Statute:	TOTAL	$11,715.00
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 _____ Date 6/3/2025 Title Vice President, Controller 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

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
131740451					/ /

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
06/01/26		Third payment - operational aid to educational television & radio for the 2025-2026 year	$5,857	00

7. State Aid Program or Applicable Statute:	TOTAL	$5,857.00 ~~$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 _____ Date 06/05/25 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

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
222400593					/ /

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)	State	Zip Code
Albany	NY	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 #3 6/1/26	$5,857.00	

7. State Aid Program or Applicable Statute:	TOTAL	$5,857.00 ~~$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 _____ Date 05/19/25 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					Accum						
Dept.	Cost Center Unit	Var	Yr	Object	Dept	Statewide	Amount	Orig. Agency	PO/Contract	Line	F/P

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
150532239					/ /

4. Payee Name (Limit to 30 spaces) North Country Public Radio	IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces) WSLU FM	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) St. Lawrence University	5. Ref/Inv. No.			
Address (Limit to 30 spaces) 23 Romoda Drive	Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces) Canton	State NY	Zip Code 13617		

6. Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Amount Cents
		Final (10%) Op Aid payment	$5,857.00	

7. State Aid Program or Applicable Statute:	TOTAL	$5,857.00 ~~$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] 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		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

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

STATE AID VOUCHER

			Voucher No.3
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)
141368361					/ /

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- .03			
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	$5,857	00

7. State Aid Program or Applicable Statute:	TOTAL	$5857.00 ~~$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. → Kathleen Mather 06/03/25 Signature in Ink Date Title Senior Fiscal Specialist 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

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	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
150532081					/ /

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 #3 (100%)	$5,857	00

7. State Aid Program or Applicable Statute:	TOTAL	$5,857.00 ~~$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] 5/19/25 Signature in Ink Date Title WAER Exec Director & 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