



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **38497** | Service: **DCA** | Call **KADO-CD** | Channel: **36 (UHF)** |  
ID:  
File **0000024419** | Sign:  
Number:  
FRN: **0005870498** | Date **12/04**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WORD OF LIFE MINISTRIES, INC.</b> Doing Business As: WORD OF LIFE MINISTRIES, INC.	Chad Giddens 4425 Meriwether Rd SHREVEPORT, LA 71109 United States	+1 (318) 688-4411	wolmedia@mac.com	Not-for-Profit

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Add temp transmission line. Mount existing antenna to temp line. Purchase & install new antenna on existing line. Order new/re-tune mask filter for new channel assignment. Reuse current transmitter. After phase completion date remove temp gear from tower.

## Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

## Primary Transmitter

### Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Anywave
	Model	ATC5XU

Year	2017
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	1.7 kW

**Primary  
Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	3 kW
	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A

	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

## Primary Antenna

### Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	2.0 kW

Manufacturer	
Model	PSILP8OI-40
Year	2015

Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	5.0 kW
	Manufacturer	



	Model	PSILP8OI-36-EP
	Year	2019
	Justification for New Antenna	channel changed

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary Transmission Line****Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Andrew
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	300 feet per run

Primary Other Transmission Line Expenses Not Listed  
Transmission Line Information not provided.

Interim New Transmission Line  
Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Foam
	Diameter	7/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	300 feet per run
	Justification for New Transmission Line	Interim line for continued broadcasting on current channel 40 while new channel is under construction.

Interim Other Transmission Line Expenses Not Listed  
Transmission Line Information not provided.

**Tower Equipment And Rigging Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1020975
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 29' 35.5" N-
	Longitude (NAD83)	093° 45' 53.3" W-
	Overall Structure Height	306.10 feet
	Support Structure Height	279.85 feet
	Ground Elevation Above Mean Sea Level (AMSL)	245.08 feet

	Structure Type	LTOWER - Lattice Tower
	Tower Owner	American Towers, LLC.
	Date Constructed	10/30/1995

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

Name	Description
<b>Project Managemnet</b>	Project management hours for in-house management of repack

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	No



**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
Tower Fees	structural analysis, zoning / permitting fees / technical drawings for new equipment on tower.

Cost  
Information

Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter ATC5XU	\$109,355.00	\$3,500.00		\$0.00	
3 kW mask filter	\$4,155.00	\$3,500.00	N/A	N/A	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$0.00	N/A	N/A	N/A
Sub-total	\$109,355.00	\$3,500.00	N/A	\$0.00	N/A
Total for all systems	\$290,338.00	\$98,124.00	N/A	\$1,198.05	N/A

Components

Information not provided.

## Cost Information

### Antennas

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna PSILP8OI-36-EP</b>	<b>\$22,323.00</b>	<b>\$16,204.00</b>		<b>\$0.00</b>	
Sweep test of existing antenna	\$6,730.00	\$611.00	N/A	N/A	N/A
UHF - Lower Power, Top Mount, Class A, basic slot antenna, 5 kW input, elliptically or circularly polarized	<i>\$15,593.00</i>	\$15,593.00	Upgraded antenna for broadcasting with elliptical polarization. See KADO Antenna Quote and cost attachment.	N/A	N/A
<b>Sub-total</b>	<b>\$22,323.00</b>	<b>\$16,204.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$290,338.00</b>	<b>\$98,124.00</b>	<b>N/A</b>	<b>\$1,198.05</b>	<b>N/A</b>

### Components

Information not provided.

Cost  
Information

Transmission Line

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Transmission Line	\$3,300.00	\$2,973.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 7/8"	\$3,300.00	\$2,973.00	N/A	N/A	N/A
Primary Transmission Line	\$0.00	\$0.00		\$0.00	
Sub-total	\$3,300.00	\$2,973.00	N/A	\$0.00	N/A
Total for all systems	\$290,338.00	\$98,124.00	N/A	\$1,198.05	N/A

Components

Information not provided.

## Cost Information

### Tower Equipment and Rigging Costs

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower</b>	<b>\$84,200.00</b>	<b>\$17,095.00</b>		<b>\$0.00</b>	
<b>LTOWER</b>					
Short Tower (less than 500')	\$84,200.00	\$17,095.00	ADO Repack Quote -- Install temp. trans line. Move existing antenna. Install new antenna. Remove temp equipment. This price is the remainder on the KADO Repack Quote after transmission line and line sweep have been removed.	N/A	N/A
<b>Sub-total</b>	<b>\$84,200.00</b>	<b>\$17,095.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$290,338.00</b>	<b>\$98,124.00</b>	<b>N/A</b>	<b>\$1,198.05</b>	<b>N/A</b>

### Components

Information not provided.

## Cost Information

### Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$28,530.00</b>	<b>\$23,750.00</b>		<b>\$1,198.05</b>	
Project Managemnet	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$1,500.00	N/A	\$226.80	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$971.25	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$2,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$28,530.00	\$23,750.00	N/A	\$1,198.05	N/A
<b>Total for all systems</b>	\$290,338.00	\$98,124.00	N/A	\$1,198.05	N/A

## Components

Actual Information	
Description	File Name
Project Managemnet	Information not provided.
Prepare and or review reimbursement form	<div> <div>Component Description:</div> <div>communicate with attorney, engineer, and KADO management on 399 filing and info</div> <div>Amount:</div> <div>\$64.80</div> </div> <div> <div>Component Description:</div> <div>Correspondence on 399 form prep and filing.</div> <div>Amount:</div> <div>\$162.00</div> </div>

<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="697 174 1007 208"><b>Component Description:</b></td><td data-bbox="1142 174 1382 405">Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing.</td></tr> <tr> <td data-bbox="697 416 810 450"><b>Amount:</b></td><td data-bbox="1142 416 1238 450">\$601.25</td></tr> <tr> <td data-bbox="697 555 1007 589"><b>Component Description:</b></td><td data-bbox="1142 555 1382 824">Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps.</td></tr> <tr> <td data-bbox="697 835 810 869"><b>Amount:</b></td><td data-bbox="1142 835 1238 869">\$370.00</td></tr> </table>	<b>Component Description:</b>	Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing.	<b>Amount:</b>	\$601.25	<b>Component Description:</b>	Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps.	<b>Amount:</b>	\$370.00
<b>Component Description:</b>	Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing.								
<b>Amount:</b>	\$601.25								
<b>Component Description:</b>	Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps.								
<b>Amount:</b>	\$370.00								
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>								
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>								
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Information not provided.</p>								



## Cost Information

### Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$42,630.00</b>	<b>\$34,602.00</b>		<b>\$0.00</b>	
Tower Fees	<i>\$30,080.00</i>	\$30,080.00	This is ESTIMATED services/ fess provided by the tower owner, American Tower, for structural analysis, technical drawings, some project management, and miscellaneous fees/ services for adding, and removing broadcast equipment at tower site.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,522.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$42,630.00</b>	<b>\$34,602.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$290,338.00</b>	<b>\$98,124.00</b>	N/A	<b>\$1,198.05</b>	N/A

## Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$290,338.00	\$98,124.00
			\$1,198.05

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>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), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Chad Giddens</b>  <i>Media Manager</i></p> <p>12/04/2017</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS 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), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.



<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Chad Giddens</b>  <i>Media Manager</i></p> <p>12/04/2017</p>

## Attachments