

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

			_			
Fa	acility	166510	Service: DTV	Call	KPJR-TV	Channel: 17 (UHF)
ID	D:			Sign:		
Fi	ile	000002	6745			
Ν	umber:					
FI	RN: 00	04346060	Date	04/10		
			Submitted:	/2018		

Applicant Name, Type, and Contact Information

Information Applicant Applicant Address Phone Email Туре **TRINITY CHRISTIAN** P.O.BOX +1 cmmay@maylawoffices. Not-for-**CENTER OF SANTA** C-11949 (714)Profit com ANA, INC. SANTA 832-ANA, CA 2950 92711 United States

Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer	Preparer Contact Name and Information			
Contact Information	Applicant	Address	Phone	Email
	The Preparer is same as the reimbursement contact.			

Broadcaster	Question	Response
Information		
and		
Transition		
Plan		

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.	Yes
Briefly describe transition plan	Reduce TPO to 50% and remove 1/2 of the xmitter system. Install new SS xmitter system. Add AUX antenna & line to the tower & feed it with a reduced signal from the current xmitter. Replace mask filter. test

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

Primary	Existing Transmitter Infor	mation				
Transmitter	Section	Question	Response			
	Existing Transmitter Description	Type of change	Purchase New			
			Primary (Main)			
		Description of Use	N/A			
		Ownership	Owned			
		Owner	N/A			
		Site	N/A			
		Is this transmitter currently shared with another station? Is this transmitter currently in operating condition?	No			
			Yes			
	Existing Transmitter	Manufacturer				
	Manufacturer and Type	Model	DCX 2			
		Year	2009			
		Туре	Inductive Output Tube			
		IOT Power Type	Two			
		Power Capacity	50 kW			

Existing Transmitter Information

Primary	New Transmitter Costs				
Transmitter	Section	Question	Response		
	New Transmitter	Use	Primary (Main)		
		Change Type	Purchase New		
		Is this a request for upgraded equipment?	No		
		Manufacturer			
	Model Transmitter Type	HPTV- PRLX-U24			
		Solid State			
		Solid State Cooling	Liquid Cooled		
		Solid State Power capacity	40 kW		
		Justification for New Transmitter	See attachement		

Primary Other Transmitter Costs

Transmitter	Section	Question	Response
	Electrical Service	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	Yes
		Description	discionnects, labor

HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	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	Other Transmitter Cost Not Listed		
Transmitter	Name	Description	
	install	xmitter install	

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

Existing Antenna Information

Primary

Antenna	Section	Question	Response
	Existing Antenna Description	Type of change	Retune Existing
		Antenna Use	Primary (Main)
		Description of Use	N/A
		Ownership	Leased
		Owner	ATC
		Site	N/A
		Is the existing antenna shared with another station or stations?	Yes
		Is the existing antenna directional?	Yes
		Is antenna in operating condition?	Yes
		Is antenna located on or in close proximity to an antenna farm?	No
	Existing Antenna Manufacturer and Type	Class	Full Power
		Mounting	Top Mount
		Antenna position in stack	Not in Stack
		Polarization	Elliptical
		Туре	Broadband Panel
		Number of Stations Supported	3
		Number of Panels	14
		Design power capacity in use	80.0 %
		Lower Limit	470.00 MHz

Upper Limit	800.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	633.0 kW
Manufacturer	Dielectric
Model	TUD-C5-14 /70H-2-B
Year	2000

Facility ID's and Call Signs of all stations with whom the antenna is shared.

Facility ID	Call Sign
68695	KPXC-TV
38375	KDEN-TV

Primary Antenna	Adjustment to Existing Antenna			
	Section	Question	Response	
	Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes	

Primary Other Antenna Costs

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Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Туре	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number

17

PrimaryOther Antenna Cost Not ListedAntennaInformation not provided.

Interim New Antenna Costs

Antenna	Section	Question	Response
	New Antenna Description	Use	Interim
		Description of Use	N/A
		Change Type	Purchase New
		Ownership	Owned
		Owner	N/A
		Is antenna shared?	No
		Is antenna directional?	Yes
		Will antenna be located on or in close proximity to an antenna farm?	No
	New Antenna Manufacturer and Type	Class	Full Power
		Mounting	Side Mount
		Antenna position in stack	Not in Stack
		Polarization	Horizontal
		Туре	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)	240.0 kW
Manufacturer	
Model	DL12
Year	2017
Justification for New Antenna	remain on the air until testing

Interim Other Antenna Costs

Antenna

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	No

Interim Antenna	Other Antenna Cost Not Listed		
	Name	Description	
	combiner	install	

Transmissior	n Seffien	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Interim New Transmission Line

Transmission

ransmission	Section	Question	Response
	New Transmission Line	Use	Interim
	Costs	Description of Use	N/A
		Change Type	Purchase New
		Туре	Flexible Air
		Diameter	3 inches
		Segment Length	N/A
		Other Segment Length	
		Number of parallel runs	1
		Length	600 feet per run
		Justification for New Transmission Line	remain on the air until testing

Interim Other Transmission Line Expenses Not Listed

Transmission to provided.

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

Existing Tower

Primary	Existing Tower					
Tower	Section	Question	Response			
	Existing Tower Description	Type of change	Move Equipment			
		Tower Use	Move Equipment Primary (Main) N/A Leased No Yes Yes Yes Yes Ves Ves Unknown Yes Unknown Yes 1254146 40° 05' 59.0" N- 1254146 1254146 J04° 54' 04.0" W- 104° 54' 04.0" W- So89.83 feet 5089.83 feet			
		Description of Use	N/A			
		Ownership	Leased			
		Is this tower consider Complex?	No			
		Is this tower currently shared with any other stations?	Yes			
		One or more FM, AM or TV radio broadcaster(s)	Yes			
		Others Types of Users	No			
		Is tower documented for structural analysis?	Yes			
		Is tower compliant with Rev G?	Unknown			
	Existing Tower	Do you have a tower registration number?	Yes			
	Structure Registration	ASR Number	1254146			
	Coordinates (NAD83 (North American Datum	Latitude (NAD83)	40° 05' 59.0" N-			
	of 1983))	Longitude (NAD83)	Move EquipmentPrimary (Main)N/ALeasedNoYesYesNoYesUnknownYes125414640° 05' 59.0" N-104° 54' 04.0" W-1158.78 feet996.71 feet5089.83 feet			
		Overall Structure Height	1158.78 feet			
		Support Structure Height	996.71 feet			
			Ground Elevation Above Mean Sea Level (AMSL)	5089.83 feet		
		Structure Type				

	Structure Used for Communication Purposes
Tower Owner	American Towers, LLC
Date Constructed	07/14/2016

FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

Facility ID	Call Sign	Service
38375	KDEN-TV	DTV
68695	KPXC-TV	DTV

Primary Tower Rigging Costs

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

Primary Other Tower Expenses Not Listed

Tower Information not provided.

Outside	Section	Question	Response			
Professional	Services Costs Outside Project Management Services	Do you require outside project management services?	Yes			
		Number of Hours	95			
		Explanation	American Tower			
	Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes			
		Prepare engineering section of Form FCC Construction Permit Application	Yes			
		For Auxiliary Facility	Yes			
		For Main Facility	Yes			
		Construction Permit Application For Auxiliary Facility For Main Facility Prepare engineering section of Form FCC License to Cover Application For Auxiliary Facility For Main Facility Prepare request for Special Temporary Authority Quantity	Yes			
		For Auxiliary Facility	Yes			
		For Main Facility	Yes			
			Yes			
		Quantity	2			
		Do you have Distributed Transmission System engineering services?	N/A			
		Critical Facility	N/A			
		Terrain-Shielded Facility	American TowerYes			
	Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes			
	Services	For Auxiliary Facility	Yes			
		For Main Facility	Yes			
		Prepare and file Form FCC License to Cover Application	Yes			
		For Auxiliary Facility	Yes			
		For Main Facility	Yes			

	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	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
RF Field Engineering Services	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 Other Professional Services Expenses Not Listed Professional Services rootsided.

Other	Section	Question	Response	
Expenses	AM Pattern Disturbance	Is an Impact Study needed?	No	
		Is Remediation needed?	No	
	Facility Expenses	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?	NoNoN/AN/AN/AYesNoYesNoYesNoYesNo<	
	Permit and Filing Costs	Local Zoning	No	
		Non-zoning permits	Yes	
		ce Is an Impact Study needed? No Is Remediation needed? No Is Remediation needed? No Other Distributed Transmission System N/A Other Distributed Transmission System N/A Dub Distributed Transmission System N/A Sume No/A Is Notification of a Medical Facility required as a result of DTV broadcasting? Yes Local Zoning No Non-zoning permits Yes BLM or NFS Coordination No FCC Construction Permit Minor Change No FCC License to Cover Application No FCC Special Temporary Authority Yes Application Sub State S		
		NameN/AIs Notification of a Medical Facility required as a result of DTV broadcasting?YesstsLocal ZoningNoNon-zoning permitsYesBLM or NFS CoordinationNoFCC Construction Permit Minor ChangeNoFCC License to Cover ApplicationNoFCC Special Temporary Authority ApplicationYesDoes this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?NoDoes this relocation require Equipment Delivery or Handling Charges not otherwiseNo		
		Other Distributed Transmission System Expenses Not listedN/ANameN/AIs Notification of a Medical Facility required as a result of DTV broadcasting?YesLocal ZoningNoNon-zoning permitsYesBLM or NFS CoordinationNoFCC Construction Permit Minor ChangeNoFCC License to Cover ApplicationNoFCC Special Temporary Authority ApplicationYesDoes this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?NoDoes this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?NoDoes this relocation require Equipment Storage?No		
			Yes	
	Other Miscellaneous Expenses	Disposal Costs (for equipment and other	No	
		Delivery or Handling Charges not otherwise	No	
			No	
		Development and Airing of an Announcement regarding an upcoming	No	
		Does this relocation require MVPD Notification of a Channel Change?	No	

Other Expenses Not Listed

Expenses Information not provided.

Transmitters

Cost Information

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 HPTV-PRLX- U24	\$1,538,865.00	\$1,465,865.00		\$535,005.25	
Other Electrical Service: discionnects, labor	\$25,865.00	\$25,865.00	quoted	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,400,000.00	N/A	\$535,005.25	N/A
install	\$40,000.00	\$40,000.00	quoted installation	N/A	N/A
Sub-total	\$1,538,865.00	\$1,465,865.00	N/A	\$535,005.25	N/A
Total for all systems	\$2,212,855.00	\$1,803,974.34	N/A	\$568,491.50	N/A

Components

Actual Information Description	File Name	
Other Electrical Service: discionnects, labor	Information not provided.	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	Component Description: Amount:	part of the 35% deposit. \$18,583.25

	Component Description: Amount:	35% deposit \$269,496.50
	Component Description: Amount:	30% due after 60 days \$246,925.50
install	Information not provided.	

Antennas

Cost Information

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 Antenna DL12	\$224,650.00	\$73,000.00		\$17,353.00	
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$50,000.00	N/A	\$17,353.00	N/A
combiner	\$12,000.00	\$12,000.00	American Tower	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$11,000.00	N/A	\$0.00	N/A
Primary Antenna TUD-C5-14 /70H-2-B	\$134,230.00	\$101,815.34		\$0.00	
Elbow complex, single channel, at antenna input, per 6	\$12,300.00	\$6,000.00	N/A	\$0.00	N/A

1/8. feedline (if needed)					
New combiner, cost per channel (without antenna)	\$84,200.00	\$58,815.34	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,000.00	N/A	N/A	N/A
UHF - High Power Top Mount Three Station broadband panel antenna elliptically or circularly polarized	\$31,000.00	\$31,000.00	American Tower	N/A	N/A
Sub-total	\$358,880.00	\$174,815.34	N/A	\$17,353.00	N/A
Total for all systems	\$2,212,855.00	\$1,803,974.34	N/A	\$568,491.50	N/A

Components

Actual Information Description	File Name	
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	Component Description: Amount:	50% deposit \$17,353.00
combiner	Information not provided.	
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.	

Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
New combiner, cost per channel (without antenna)	Information not provided.
Sweep test of existing antenna	Information not provided.
UHF - High Power Top Mount Three Station broadband panel antenna elliptically or circularly polarized	Information not provided.

Transmission Line

Cost Information

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	\$35,400.00	\$32,000.00		\$13,083.25	
Flexible Air Transmission Line - dielectric, 3"	\$35,400.00	\$32,000.00	N/A	\$13,083.25	N/A
Sub-total	\$35,400.00	\$32,000.00	N/A	\$13,083.25	N/A
Total for all systems	\$2,212,855.00	\$1,803,974.34	N/A	\$568,491.50	N/A

Components

Actual Information Description	File Name	
Flexible Air Transmission Line - dielectric, 3"	Component Description:	50% deposit on Aux line.
	Amount:	\$13,083.25

Tower Equipment and Rigging Costs

Cost Information

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 Tower GTOWER	\$210,500.00	\$85,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$85,000.00	N/A	N/A	N/A
Sub-total	\$210,500.00	\$85,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,212,855.00	\$1,803,974.34	N/A	\$568,491.50	N/A

Components

Information not provided.

Outside Professional Services

Cost Information

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
Outside Professional Services	\$56,715.00	\$40,250.00		\$3,050.00	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	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
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,750.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,300.00	N/A
Prepare and	\$2,630.00	\$2,500.00	N/A	N/A	N/A

or review reimbursement form					
Project management of the transition	\$15,010.00	\$1,500.00	N/A	N/A	N/A
Sub-total	\$56,715.00	\$40,250.00	N/A	\$3,050.00	N/A
Total for all systems	\$2,212,855.00	\$1,803,974.34	N/A	\$568,491.50	N/A

Components

Actual Information Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC	Information not provided.

Form 2100, Construction Permit Application		
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	engineering for FCC CP, 2100 \$1,750.00
Perform engineering study for new channel assignment and antenna development	Component Description:	Further interference stud
	Amount:	for re-pack \$650.00
	Component Description:	interference analysis for re- pack
	Amount:	\$650.00
Prepare and or review reimbursement form	Information not provided.	
Project management of the transition	Information not provided.	

Other Expenses

Cost Information

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
Other Expenses	\$12,495.00	\$6,044.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$5,104.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Non-zoning permits	\$750.00	\$750.00	American Tower	N/A	N/A
Sub-total	\$12,495.00	\$6,044.00	N/A	\$0.00	N/A
Total for all systems	\$2,212,855.00	\$1,803,974.34	N/A	\$568,491.50	N/A

Components

Information not provided.

Cost	Grand Total			
Information		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$2,212,855.00	\$1,803,974.34	\$568,491.50

Reimbursem	entestiatus	Response
	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	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.	
		 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. 	
		2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	
		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.	
		 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).

- 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.
- The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 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. John B. I declare, under penalty of perjury, that I am an authorized representative of the above-Casoria, named applicant for the Authorization(s) Esq. . specified above. Assistant Secretary

04/10/2018

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	 WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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). 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 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).
- 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.
- 8. The above-named entity acknowledges that overpayments or payments in error

rules, regulations and governmental requirements for	
which compliance is a prerequisite for obtaining the payments herein requested.	
re, under penalty of perjury horized representative of th applicant for the Authoriza ed above.	he above- Casoria,
	requirements for which compliance is a prerequisite for obtaining the payments herein requested. are, under penalty of perjur horized representative of t

Attachments