



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **59139** | Service: **DTV** | Call **KTVN** | Channel:  
ID: | Sign:  
**11 (High VHF)** | File **0000025334**  
Number:  
FRN: **0002900330** | Date **04/23**  
Submitted: **/2019**

## Applicant Information Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>SARKES TARZIAN, INC.</b> Doing Business As: SARKES TARZIAN, INC.	Station KTVN 205 NORTH COLLEGE AVENUE SUITE 800 BLOOMINGTON, IN 47402 United States	+1 (812) 332-7251	lfox@ktvn. com	Corporation

## 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
<b>Nancy Ory , Esq .</b> <i>Lerman Senter</i> <i>PLLC</i>	2001 L St NW Suite 400 Washington, DC 20036 United States	+1 (202) 416- 6791	nory@lermansenter. com

**Broadcaster Information and Transition Plan**

Question	Response
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	Retune existing primary transmitter to the new channel. Replace non retunable auxiliary transmitter on the new channel. Replace mask filter, low pass filter and combiner. Modify existing exhaust and electrical system for install. Proof

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	Gates Air
	Model	VAX 3D

Year	2016
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	4.5 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	10 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**

<b>Name</b>	<b>Description</b>
<b>Combiner installation</b>	Modify transmission line from existing 2 port combiner to new 4 port combiner
<b>Other Costs: Ductwork</b>	Ductwork for Transmitter
<b>Combiner Testing</b>	Test the combiner for the new channel designation
<b>combiner</b>	new combiner tuned to the new channel designation

**Auxiliary  
Transmitter****Add Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Platinum
	Year	2003
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	20 kW

**Auxiliary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	VAXTE-6R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	6.4 kW
	Justification for New Transmitter	Existing Auxiliary transmitter is not re-tunable to the new designated channel.

**Auxiliary  
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	Yes
	Description	Reconnection using existing wiring from currently installed Auxiliary to new Auxiliary
<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

**Auxiliary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Air Exhaust</b>	modify existing exhaust ductwork from current Auxiliary's Harris Platinum configuration to new Auxiliary's Gates Air Vax TE 8 configuration
<b>Other Costs: Ductwork</b>	Ductwork for transmitter

<b>Antennas</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Antenna Related Expenses</b>	Do you have antenna related expenses?	No

<b>Transmission Line</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Transmission Line Related Expenses</b>	Do you have transmission line related expenses?	No

<b>Tower Equipment And Rigging Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

<b>Outside Professional Services Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
		Number of Hours	200
		Explanation	The station's attorney will manage the reimbursement filings, review engineering applications, and engage in any additional coordination that is needed for KTVN to accomplish its repack transition over the three year period.
<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	No
	Quantity	N/A
	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	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Other Professional Services Expenses Not Listed**

**Outside  
Professional  
Services  
Costs**

Information not provided.

**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	Yes
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	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?	Yes
	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?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Information not provided.

**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
<b>Primary Transmitter VAX 3D</b>	<b>\$248,350.00</b>	<b>\$134,840.00</b>		<b>\$97,070.24</b>	
combiner	<i>\$120,000.00</i>	\$120,000.00	N/A	\$88,334.24	N/A
Combiner Testing	<i>\$840.00</i>	\$840.00	N/A	\$756.00	N/A
Other Costs: Ductwork	<i>\$4,000.00</i>	\$4,000.00	Estimated Cost of Ductwork on Combiner	\$0.00	N/A
Combiner installation	<i>\$10,000.00</i>	\$10,000.00	N/A	\$7,980.00	N/A
10 kW mask filter	\$8,310.00	\$0.00	Mask filter built into combiner. No need for an external filter.	\$0.00	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$0.00	Imputed per instructions	N/A	N/A
<b>Auxiliary Transmitter VAXTE-6R44</b>	<b>\$175,000.00</b>	<b>\$175,000.00</b>		<b>\$103,708.25</b>	
Other Costs: Ductwork	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A

High VHF - Air Cooled Solid State Transmitter 6.4 kW	<b><i>\$165,000.00</i></b>	\$165,000.00	estimate from Gates Air	\$103,708.25	N/A
Other Electrical Service: Reconnection using existing wiring from currently installed Auxiliary to new Auxiliary	<b><i>\$5,000.00</i></b>	\$5,000.00	N/A	N/A	N/A
Air Exhaust	<b><i>\$5,000.00</i></b>	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$423,350.00	\$309,840.00	N/A	\$200,778.49	N/A
<b>Total for all systems</b>	\$615,377.50	\$403,522.50	N/A	\$245,101.50	N/A

## Components

Actual Information	
Description	File Name
combiner	<p><b>Component Description:</b> Dielectric Invoice for elbow and coupling per attached change order (in attached invoice).</p> <p><b>Amount:</b> \$1,616.00</p> <p><b>Component Description:</b> Dielectric Invoice for Elbow and Coupling; Inv # 279006 PO# 1546</p> <p><b>Amount:</b> \$1,616.00</p>

**Component Description:** Dielectric Invoice #  
242058  
**Amount:** \$6,472.60

**Component Description:** KTVN - Dielectric  
combiner plus  
combiner  
accessories cost;  
2nd 45% payment  
- Invoice  
#MAN00416, PO  
#1546 with quote.  
**Amount:** \$43,359.12

**Component Description:** 45% of Dielectric  
Invoice for  
combiner  
**Amount:** \$48,026.75

**Component Description:** KTVN - Dielectric  
combiner plus  
combiner  
accessories cost;  
1st 45% payment -  
Invoice  
#MAN00243, PO  
#1546 with quote.  
**Amount:** \$43,359.12

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Combiner Testing	<p><b>Component Description:</b> KTVN - Dielectric combiner testing cost; 2nd 45% payment - Invoice #MAN00416, PO #1546 with quote.</p> <p><b>Amount:</b> \$378.00</p> <p><b>Component Description:</b> KTVN - Dielectric combiner testing cost; 1st 45% payment - Invoice #MAN00243, PO #1546 with quote.</p> <p><b>Amount:</b> \$378.00</p>
Other Costs: Ductwork	<p><b>Component Description:</b> Applied Mechanical Invoice # 15371</p> <p><b>Amount:</b> \$4,000.00</p>



Combiner installation	<p><b>Component Description:</b> KTVN - Dielectric combiner installation cost; 2nd 45% payment - Invoice #MAN00416, PO #1546 with quote.</p> <p><b>Amount:</b> \$1,890.00</p> <p><b>Component Description:</b> Dielectric Combiner Install and Sweep Testing. Invoice# 301024.</p> <p><b>Amount:</b> \$4,200.00</p> <p><b>Component Description:</b> KTVN - Dielectric combiner installation cost; 1st 45% payment - Invoice #MAN00243, PO #1546 with quote.</p> <p><b>Amount:</b> \$1,890.00</p>
10 kW mask filter	Information not provided.
UHF and VHF - minor banding issues	Information not provided.
Other Costs: Ductwork	Information not provided.

High VHF - Air Cooled  
Solid State Transmitter 6.4  
kW

**Component Description:** KTVN - GatesAir transmitter, installation, RF system, electrical; 2nd 1/3 payment - Invoice #JW30004271-2, PO #1503 with quote and cover letter (estimated tax omitted).  
**Amount:** \$38,483.05

**Component Description:** Second 1/3 Payment of Gates Air Transmitter costs; minus estimated sales tax and estimated shipping.  
**Amount:** \$38,483.05

**Component Description:** transmitter  
**Amount:** \$49,782.27

**Component Description:** GatesAir Invoice # US0317050  
**Amount:** \$26,742.15

**Component Description:** KTVN - GatesAir transmitter, installation, RF system, electrical; 1st 1/3 payment - Invoice #JW30004271-DP, PO #1503 with quote and cover letter (estimated tax omitted).  
**Amount:** \$38,483.05

Other Electrical Service: Reconnection using existing wiring from currently installed Auxiliary to new Auxiliary	Information not provided.
Air Exhaust	Information not provided.

**Cost Information** **Antennas**  
Information not provided.

**Cost Information** **Transmission Line**  
Information not provided.

**Cost Information** **Tower Equipment and Rigging Costs**  
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>\$159,200.00</b>	<b>\$69,850.00</b>		<b>\$34,073.75</b>	
RF Exposure Measurements	\$21,050.00	\$8,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$15,000.00	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 FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$500.00	N/A	\$250.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$2,000.00	N/A	\$1,837.50	Subtotal invoice includes other line items.
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$3,000.00	N/A	\$2,250.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$3,300.00	Actual cost exceeded the Widality Estimate.	\$3,230.00	N/A
Project management of the transition	\$31,600.00	\$30,800.00	Actual cost of project management exceeded estimate. Updated estimate cost per instruction.	\$26,506.25	N/A
<b>Sub-total</b>	<b>\$159,200.00</b>	<b>\$69,850.00</b>	<b>N/A</b>	<b>\$34,073.75</b>	<b>N/A</b>

<b>Total for all systems</b>	\$615,377.50	\$403,522.50	N/A	\$245,101.50	N/A
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### Components

Actual Information	
Description	File Name
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> Chesapeake Invoice 4848 for preparing and uploading application for license to cover.</p> <p><b>Amount:</b> \$250.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Remainder of invoice (\$625) is separate line item for review of repacked channel assignment.</p> <p><b>Amount:</b> \$1,837.50</p>

<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b> \$625.00 of invoice for engineering study for new channel assignment. \$1,837.50 of invoice for CP application - separate line item.</p> <p><b>Amount:</b> \$625.00</p>
	<p><b>Component Description:</b> Engineering study for new channel assignment</p> <p><b>Amount:</b> \$1,625.00</p>
<p>Prepare and or review reimbursement form</p>	<p><b>Component Description:</b> KTVN Lerman Senter legal services invoice for invoice review</p> <p><b>Amount:</b> \$338.75</p>
	<p><b>Component Description:</b> Work was primarily FCC Forms 2100 and 399.</p> <p><b>Amount:</b> \$2,891.25</p>
<p>Project management of the transition</p>	<p><b>Component Description:</b> KTVN Lerman Senter invoice, September 2018</p> <p><b>Amount:</b> \$2,580.00</p>
	<p><b>Component Description:</b> Legal project management services - Lerman Senter # 463906.</p> <p><b>Amount:</b> \$656.25</p>

**Component Description:** Project management - advice and counsel regarding repack and reimbursement process  
**Amount:** \$4,036.25

**Component Description:** Legal project management services - Lerman Senter # 468167.  
**Amount:** \$4,203.75

**Component Description:** Legal project management services - Lerman Senter # 464474.  
**Amount:** \$131.25

**Component Description:** Project management involving FRN association and banking information.  
**Amount:** \$1,050.00

**Component Description:** Legal project management services - Lerman Senter # 467672.  
**Amount:** \$2,561.25

**Component Description:** Work includes FCC Forms 1876, 2100 and 399.  
**Amount:** \$6,300.00



**Component Description:** KTVN Lerman  
Sender invoice,  
August 2018  
**Amount:** \$2,433.75

**Component Description:** KTVN Lerman  
Sender legal  
invoice, July 2018  
**Amount:** \$2,028.75

**Component Description:** Legal project  
management  
services - Lerman  
Sender # 461719.  
**Amount:** \$1,050.00

**Component Description:** Legal project  
management  
services - Lerman  
Sender # 466565.  
**Amount:** \$656.25

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**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>\$32,827.50</b>	<b>\$23,832.50</b>		<b>\$10,249.26</b>	
MVPD Notification of Channel Change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$18,832.50</i>	\$18,832.50	Estimated Dielectric freight of \$5,332.50 plus an estimated Gates Air freight of \$4,500.00 *3 (\$13,500.00).	\$7,299.26	N/A
BLM or NFS Coordination	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$0.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$0.00	N/A	N/A	N/A

DTV Medical Facility Notification	\$11,550.00	\$4,000.00	N/A	\$2,950.00	N/A
<b>Sub-total</b>	\$32,827.50	\$23,832.50	N/A	\$10,249.26	N/A
<b>Total for all systems</b>	\$615,377.50	\$403,522.50	N/A	\$245,101.50	N/A

### Components

Actual Information Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Delivery and Handling Charges	<p><b>Component Description:</b> O'Brien's Invoice# 12389 <b>Amount:</b> \$1,250.00</p> <p><b>Component Description:</b> O'brien's invoice #12388 <b>Amount:</b> \$1,250.00</p> <p><b>Component Description:</b> KTVN - Dielectric combiner freight cost; 2nd 45% payment - Invoice #MAN00416, PO #1546 with quote. <b>Amount:</b> \$2,399.63</p>

	<p><b>Component Description:</b> KTVN - GatesAir transmitter freight; 1st 1/3 payment - Invoice #JW30004271-DP, PO #1503 with quote.</p> <p><b>Amount:</b> \$4,500.00</p> <p><b>Component Description:</b> KTVN - Dielectric combiner freight cost; 1st 45% payment - Invoice #MAN00243, PO #1546 with quote.</p> <p><b>Amount:</b> \$2,399.63</p> <p><b>Component Description:</b> KTVN - GatesAir transmitter freight; 2nd 1/3 payment - Invoice #JW30004271-2, PO #1503 with quote.</p> <p><b>Amount:</b> \$4,500.00</p>
BLM or NFS Coordination	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	<p><b>Component Description:</b> KTVN - medical facility notifications cost. Invoice # 1060, PO # 1706.</p> <p><b>Amount:</b> \$2,950.00</p>

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$615,377.50	\$403,522.50	\$245,101.50

**Reimbursement Status**

<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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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.

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.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Lawson  
Fox**  
*Vice  
President*

04/23/2019



Certification	Section	Question	Response
	<b>Submission of Actual Cost Documentation Statements</b>	<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.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Lawson  
Fox**  
*Vice  
President*

04/23/2019

## Attachments