



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **21149** | Service: **DCA** | Call **KAJN-CD** | Channel: **19 (UHF)** |
ID: | Sign:
File **0000028886**
Number:
FRN: **0003756145** | Date **03/25**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
AGAPE BROADCASTERS, INC.	David Thompson	+1 (337) 783-1560	davidt@familyvisiontv.com	Corporation
Doing Business As:	P.O. BOX 1469			
AGAPE BROADCASTERS, INC.	CROWLEY, LA 70527			
	United States			

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	THIS AMENDMENT REFLECTS THE STATION DECISION TO INSTALL A SINGLE CHANNEL ANTENNA FOR CH 19 TO REDUCE COST BY \$137,610.00 AND CONTROL TPO REQUIREMENT. EXISTING XMTR AND ANTENNA NOT RETUNABLE. STATION FEEDS CABLE HEAD ENDS OFF AIR.

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	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	AT7800
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TMU9
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.8 kW
	Justification for New Transmitter	Current transmitter not supported by manufacturer for parts availability.

**Primary
Transmitter**

Other Transmitter Costs

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	No

	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	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 leasehold 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 Transmitter

Other Transmitter Cost Not Listed

Name	Description
TBD-Transmitter	FIVE DAYS INSTALLING AND TESTING TRANSMITTER. PROOF

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?	No
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side 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)	15.0 kW

Manufacturer	
Model	SHI2010-32
Year	2000

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?	No
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side 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	PSILPD24OM-19-EP

Year	2018
Justification for New Antenna	OLD ANTENNA CAN NOT BE RETURNED.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
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?	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?	No

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	1020854
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	30° 02' 55.0" N-
	Longitude (NAD83)	091° 59' 49.0" W-
	Overall Structure Height	583.98 feet
	Support Structure Height	583.98 feet

Ground Elevation Above Mean Sea Level (AMSL)	20.01 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	CALS COMMUNICATIONS SERVICE INC
Date Constructed	10/15/1992

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

Name	Description
TOWER RIGGING	EXPENSE TO REMOVE EXISTING SHIVELY 32 SLOT AND INSTALL NEW 24 SLOT

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	695
	Explanation	STATION HAS CONTRACT ENGINEER WHO WILL REQUIRE ADDITIONAL HOURS TO SUPERVISE CREW AND MANAGE ALL ASPECTS OF PROJECT INCLUDING COORDINATION WITH CABLE COMPANIES. STATION WILL ALSO HIRE AN OUTSIDE FIRM TO FACILITATE TRANSITION TASKS.
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	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
Attorney and Other Outside Consulting Services	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	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	5

	Justification	TRANSMITTER INSTALLATION, PROOF AND TESTING
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Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Services provided.

Other Expenses

Section	Question	Response
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?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	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
Primary Transmitter TMU9	\$126,000.00	\$83,530.65		\$79,165.65	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$83,530.65	SJ Ramer Associates Quote. Estimated cost increased to match actual invoices received. Tony Evans Invoice #7341	\$79,165.65	N/A
TBD- Transmitter	\$0.00	\$0.00	N/A	N/A	N/A
Sub-total	\$126,000.00	\$83,530.65	N/A	\$79,165.65	N/A
Total for all systems	\$599,515.00	\$344,100.80	N/A	\$167,563.52	N/A

Components

Actual Information	
Description	File Name

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW		
	Component Description:	Repack related invoice for KAJN post transition Channel 19.
	Amount:	\$30,743.65
	Component Description:	Contract Engineering Services
	Amount:	\$10,925.00
	Component Description:	Installation of transmitter and other equipment for Repack
	Amount:	\$4,365.00
	Component Description:	FCC Repack Related Invoice, Broadcast Transmitter System TMU9-3, 1800W UHF transmitter.
	Amount:	\$37,497.00
TBD-Transmitter	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
Primary Antenna PSILPD24OM-19-EP	\$40,630.00	\$52,485.15		\$46,485.10	
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$3,000.00	N/A	\$3,000.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,000.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$43,485.15	SEE ATTACHED QUOTE. THE EXISTING SHIVELY ANTENNA IS A 32 SLOT. THIS IS A REDUCTION TO A 24 SLOT ANTENNA. LRC Wireless invoice 21185	\$43,485.10	N/A
Sub-total	\$40,630.00	\$52,485.15	N/A	\$46,485.10	N/A
Total for all systems	\$599,515.00	\$344,100.80	N/A	\$167,563.52	N/A

Components

Actual Information	
Description	File Name
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	<p>Component Description: New Primary Antenna, Elbow Complex</p> <p>Amount: \$3,000.00</p>
Sweep test of existing antenna	Information not provided.
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<p>Component Description: MYAT 301-064 Reducer MYAT 301-010 Bullet</p> <p>Amount: \$1,028.73</p> <p>Component Description: 24-Bay UHF Digital Slot Antenna for Channel 19</p> <p>Amount: \$34,650.00</p> <p>Component Description: Agape Broadcasting KAJN Antenna Replacement</p> <p>Amount: \$7,806.37</p>

Cost Information

Transmission Line

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
Primary Tower TOWER	\$235,500.00	\$25,000.00		\$0.00	
TOWER RIGGING	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$0.00	RIGGING	N/A	N/A
Sub-total	\$235,500.00	\$25,000.00	N/A	\$0.00	N/A
Total for all systems	\$599,515.00	\$344,100.80	N/A	\$167,563.52	N/A

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
Outside Professional Services	\$146,500.00	\$134,750.00		\$40,483.32	
Additional Field Engineering Service, 5 Days	<i>\$7,500.00</i>	\$7,500.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	\$765.07	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$435.50	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$1,750.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,500.00	N/A	N/A	N/A

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,000.00	N/A	N/A	N/A
Project management of the transition	\$109,810.00	\$105,750.00	N/A	\$37,782.75	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$1,500.00	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
Sub-total	\$146,500.00	\$134,750.00	N/A	\$40,483.32	N/A
Total for all systems	\$599,515.00	\$344,100.80	N/A	\$167,563.52	N/A

Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 5 Days	Information not provided.

Attorney Fees - Negotiation of lease and other matters for shared locations	Component Description: Amount:	KAJN-CD FCC Reimbursement of Repack Expense \$765.07
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Component Description: Amount:	KAJN-550-Attorney - License to Cover Application (Main) \$435.50
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Perform engineering study for new channel assignment and antenna development	Information not provided.	
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	Information not provided.	
Project management of the transition	Component Description: Amount:	Project Management \$1,372.55
	Component Description: Amount:	Cost Reconciliation \$1,666.65
	Component Description: Amount:	Project Management \$1,944.60

Component Description:	Project Management
Amount:	\$2,588.90

Component Description:	Project Management
Amount:	\$4,232.90

Component Description:	Project manager for the repack of KAJN
Amount:	\$7,500.00

Component Description:	Project Management
Amount:	\$3,518.95

Component Description:	Project Management
Amount:	\$1,470.00

Component Description:	Project Management
Amount:	\$2,157.10

Component Description:	Project Management
Amount:	\$2,072.25

Component Description:	Project Management
Amount:	\$3,341.80

Component Description:	Project Management
Amount:	\$3,095.85

	<p>Component Description:</p> <p>Amount:</p>	<p>Project management</p> <p>\$1,063.75</p>
	<p>Component Description:</p> <p>Amount:</p>	<p>Project Management</p> <p>\$1,757.45</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Component Description:</p> <p>Amount:</p>	<p>Coordination with client, Antenna manufacture, Local engineer, Transmitter installation engineer</p> <p>\$1,500.00</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</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
Other Expenses	\$50,885.00	\$48,335.00		\$1,429.45	
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$12,000.00</i>	\$12,000.00	N/A	\$1,094.45	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$7,500.00</i>	\$7,500.00	N/A	N/A	N/A
Non-zoning permits	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	Pillsbury Invoice #8246904	\$335.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$9,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$9,000.00</i>	\$9,000.00	N/A	N/A	N/A

Sub-total	\$50,885.00	\$48,335.00	N/A	\$1,429.45	N/A
Total for all systems	\$599,515.00	\$344,100.80	N/A	\$167,563.52	N/A

Components

Actual Information	
Description	File Name
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	Information not provided.
Equipment Delivery and Handling Charges	Component Description: New Primary Antenna, Freight Amount: \$1,094.45
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Non-zoning permits	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Component Description: KAJN-610-FCC Filing Fee - License to Cover Application Amount: \$335.00
DTV Medical Facility Notification	Information not provided.
MVPD Notification of Channel Change	Information not provided.

**Cost
Information**

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$599,515.00	\$344,100.80	\$167,563.52

Reimbursement Status

Question	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	<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"> 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. 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).
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>David Thompson <i>Station Manager</i></p> <p>03/25/2019</p>

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 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).	
		<ol style="list-style-type: none"> 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) .
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>David Thompson <i>Station Manager</i></p> <p>03/25/2019</p>

Attachments