



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **54414** | Service: **DCA** | Call **WDEM-CD** | Channel: **24 (UHF)** |  
ID:  
File **0000028261**  
Number:  
FRN: **0026907345** | Date **12/03**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC	RENEE ILHARDT PO Box 30th Floor New York, NY 10022 United States	+1 (954) 606- 5486	RILHARDT@HC2BROADCASTING. 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
The Preparer is same as the reimbursement contact.			

**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.		No
Briefly describe transition plan		Remove existing antenna & transmitter. Install new antenna & transmitter. Power back up a new frequency.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DTX100U
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.5 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?	Yes
	Manufacturer	
	Model	TRN-5X-U-18-C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	3 kW
	Justification for New Transmitter	Transmitter manufacturer is out of business so parts needed to re-tune existing device are not available.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	300 kVA
	Rigid Conduit and Wiring	Yes
	Size	1 inches
	Length	50.0 feet

	Other Electrical Service	Yes
	Description	Electrical circuit design, local permit filing and inspection for approval.
<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**

Name	Description
Transport	Rig and hoist new transmitter to second floor install location.

**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?	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	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)	1.05 kW

Manufacturer	
Model	B8UQ
Year	2009



## 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	Circular
	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)	1.5 kW
	Manufacturer	
	Model	ATC-BCC4160-VO-24
	Year	2017

	Justification for New Antenna	EXISTING ANTENNA MANUFACTURER IS OUT OF BUSINESS SO CANNOT RE-TUNE. NEED TO PURCHASE NEW ANTENNA TO CHANGE TO ASSIGNED FREQUENCY.
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## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	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?	Yes
<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.

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

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

<b>Primary Tower</b>	<b>Existing Tower</b>		
	Section	Question	Response
<b>Existing Tower Description</b>		Type of change	Modify Existing
		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?	Yes
		One or more FM, AM or TV radio broadcaster(s)	Yes
		Others Types of Users	No
		Is tower documented for structural analysis?	Unknown
		Is tower compliant with Rev G?	Unknown
<b>Existing Tower Structure Registration</b>		Do you have a tower registration number?	Yes
		ASR Number	1040501
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>		Latitude (NAD83)	39° 58' 16.0" N-
		Longitude (NAD83)	083° 01' 40.0" W-

Overall Structure Height	1028.53 feet
Support Structure Height	910.09 feet
Ground Elevation Above Mean Sea Level (AMSL)	720.14 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	WBNS-TV, INC.
Date Constructed	06/30/1982

**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
30244	WCLL-CD	DTV
25037	WCOL-FM	FM
71217	WBNS-TV	DTV

## Primary Tower

### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

**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
Installation	Old Antenna Removal, New Antenna Mounting

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Outside consulting engineering, legal work, and accounting services, as well as project management for regional and comprehensive repack execution.
<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



**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** Services 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	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	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?	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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## 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 TRN-5X-U-18-C</b>	<b>\$241,350.00</b>	<b>\$87,275.00</b>		<b>\$41,525.00</b>	
Transport	<i>\$7,500.00</i>	\$7,500.00	N/A	N/A	N/A
Other Electrical Service: Electrical circuit design, local permit filing and inspection for approval.	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
1" Rigid Conduit and Wiring	<i>\$750.00</i>	\$750.00	N/A	N/A	N/A
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$35,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$4,775.00	N/A	\$4,775.00	N/A
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	\$155,600.00	\$36,750.00	See attached quote from Anywave	\$36,750.00	N/A
<b>Sub-total</b>	<b>\$241,350.00</b>	<b>\$87,275.00</b>	N/A	<b>\$41,525.00</b>	N/A
<b>Total for all systems</b>	<b>\$719,070.00</b>	<b>\$532,640.88</b>	N/A	<b>\$103,842.89</b>	N/A

## Components

Actual Information	
Description	File Name
Transport	Information not provided.
Other Electrical Service: Electrical circuit design, local permit filing and inspection for approval.	Information not provided.
1" Rigid Conduit and Wiring	Information not provided.
Transformer 3 phase/480v - 300 KVA	Information not provided.
Switchgear - industrial 800 amp	<div> <b>Component Description:</b> Panel installation cost. #348417 </div> <div> <b>Amount:</b> \$4,775.00 </div>
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	<div> <b>Component Description:</b> Transmitter cost. #7272-01 </div> <div> <b>Amount:</b> \$36,750.00 </div>

## 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 ATC-BCC4160-VO-24</b>	<b>\$33,030.00</b>	<b>\$57,157.88</b>		<b>\$50,757.88</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$50,757.88	See attached quote from Kathrein	\$50,757.88	N/A
<b>Sub-total</b>	<b>\$33,030.00</b>	<b>\$57,157.88</b>	<b>N/A</b>	<b>\$50,757.88</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$719,070.00</b>	<b>\$532,640.88</b>	<b>N/A</b>	<b>\$103,842.89</b>	<b>N/A</b>

### Components

Actual Information	
Description	File Name
Sweep test of existing antenna	Information not provided.

UHF - Lower Power Side  
Mount, Class A One Station  
antenna -- basic

**Component Description:**

Jumper cost.  
#185329

**Amount:**

\$1,932.88

**Component Description:**

Antenna cost  
50% down. #PO-  
0000024-INV

**Amount:**

\$24,412.50

**Component Description:**

Antenna cost  
50% balance.  
#185414

**Amount:**

\$24,412.50

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	\$256,800.00	\$235,000.00		\$4,500.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$4,500.00	N/A	\$4,500.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$210,500.00	N/A	N/A	N/A
Installation	\$20,000.00	\$20,000.00	N/A	N/A	N/A
Sub-total	\$256,800.00	\$235,000.00	N/A	\$4,500.00	N/A
Total for all systems	\$719,070.00	\$532,640.88	N/A	\$103,842.89	N/A

Components

Actual Information	
Description	File Name



Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<div> <div> <b>Component Description:</b> Tower structural evaluation 50% down. #E-186343 </div> <div> <b>Amount:</b> \$2,250.00 </div> </div> <div> <div> <b>Component Description:</b> Tower structural evaluation 50% balance. #E-186358 </div> <div> <b>Amount:</b> \$2,250.00 </div> </div>
Tall Tower (greater than 500')	Information not provided.
Installation	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>\$125,123.00</b>		<b>\$3,872.24</b>	
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	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
Project management of the transition	\$31,600.00	\$3,873.00	N/A	\$3,872.24	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	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	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	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$159,200.00	\$125,123.00	N/A	\$3,872.24	N/A
<b>Total for all systems</b>	\$719,070.00	\$532,640.88	N/A	\$103,842.89	N/A

## 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.
Project management of the transition	<p><b>Component Description:</b> Legal services cost. #475977</p> <p><b>Amount:</b> \$50.00</p>

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 20 stations. #1144
<b>Amount:</b>	\$796.10

<b>Component Description:</b>	Legal services cost. #474794
<b>Amount:</b>	\$784.00

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1146
<b>Amount:</b>	\$888.15

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1158
<b>Amount:</b>	\$723.06

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1150
<b>Amount:</b>	\$630.93

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Perform engineering study for new channel assignment and antenna development	Information not provided.
Prepare and or review reimbursement form	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of 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.

## 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>\$28,690.00</b>	<b>\$28,085.00</b>		<b>\$3,187.77</b>	
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	N/A	\$1,410.00	N/A
Develop and air announcement of upcoming channel change	<i>\$250.00</i>	\$250.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$250.00</i>	\$250.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A

FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$1,777.77	N/A
<b>Sub-total</b>	\$28,690.00	\$28,085.00	N/A	\$3,187.77	N/A
<b>Total for all systems</b>	\$719,070.00	\$532,640.88	N/A	\$103,842.89	N/A

## Components

Actual Information Description	File Name
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	<b>Component Description:</b> Antenna shipping cost. #185421 <b>Amount:</b> \$1,410.00
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.

DTV Medical Facility Notification	<table><tr><td data-bbox="711 94 1141 430"><b>Component Description:</b></td><td data-bbox="1141 94 1433 430">Medical notification service. #INV- 001856</td></tr><tr><td data-bbox="711 302 1141 430"><b>Amount:</b></td><td data-bbox="1141 302 1433 430">\$1,777.77</td></tr></table>	<b>Component Description:</b>	Medical notification service. #INV- 001856	<b>Amount:</b>	\$1,777.77
<b>Component Description:</b>	Medical notification service. #INV- 001856				
<b>Amount:</b>	\$1,777.77				



**Cost  
Information**

**Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$719,070.00	\$532,640.88	\$103,842.89

**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
	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.

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.

**Henry  
Turner**  
*Chief  
Operating  
Officer*

12/03/2019

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>Henry Turner</b>  <i>Chief Operating Officer</i></p> <p>12/03/2019</p>

## Attachments