



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **38497** | Service: **DCA** | Call **KADO-CD** | Channel: **36 (UHF)**  
ID: | Sign:  
File **0000024419**  
Number:  
FRN: **0005870498** | Date **09/05**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

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

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

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

## Broadcaster Information and Transition Plan

Question	Response
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Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Change the antenna to a broadband antenna that is able to broadcast on the existing channel and our new channel. Replace Mask filter for new channel. Use existing transmission line, and transmitter.

**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	Anywave
	Model	ATC5XU
	Year	2017

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

**Primary Transmitter**

**Retuning Transmitter Costs**

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

**Primary Transmitter**

**Other Transmitter Costs**

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

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

**Primary  
Transmitter**

**Other Transmitter Cost Not Listed**

Information not provided.

**Antennas**

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

**Primary  
Antenna**

**Add Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	No
	Is this antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Top
	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

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Manufacturer	
Model	PSILP80I-40
Year	2015

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Types</b>	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	8
	Lower Limit	602.00 MHz
	Upper Limit	632.00 MHz
	Design power capacity in use	90.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	15.0 kW
Manufacturer		



Model	JA SS-8 D36 D40 SHO BB
Year	2018
Justification for New Antenna	channel change. Adding a broadband antenna allows us to utilize our existing transmission line and we will not have to use an interim antenna or line.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

Transmission Line	Section	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	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	1020975	
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	32° 29' 35.5" N-	
	Longitude (NAD83)	093° 45' 53.3" W-	

Overall Structure Height	306.10 feet
Support Structure Height	279.85 feet
Ground Elevation Above Mean Sea Level (AMSL)	245.08 feet
Structure Type	LTOWER - Lattice Tower
Tower Owner	American Towers, LLC.
Date Constructed	10/30/1995

**Primary Tower**

**Tower Rigging Costs**

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

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

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

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

**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

Name	Description
Project Managemnet	Project management hours for in-house management of repack

**Other Expenses**

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

**Other  
Expenses**

**Other Expenses Not Listed**

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



**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter ATC5XU</b>	<b>\$109,355.00</b>	<b>\$5,365.00</b>		<b>\$5,365.50</b>	
3 kW mask filter	\$4,155.00	\$5,365.00	Our existing filter is an 8pole 2KW supplied by the transmitter manufacturer and designed to work with the transmitter software for monitoring and error correction. This is the exact items replacement cost supplied by the manufacturer.	\$5,365.50	This is the replacement cost for the 6 pole filter provided by the transmitter manufacturer. It's an item-for-item replacement. It's designed to work with the transmitters monitoring and error correction software.
UHF and VHF - minor banding issues	\$105,200.00	\$0.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$109,355.00</b>	<b>\$5,365.00</b>	N/A	<b>\$5,365.50</b>	N/A
<b>Total for all systems</b>	<b>\$337,314.90</b>	<b>\$128,786.90</b>	N/A	<b>\$88,646.93</b>	N/A

**Components**

Actual Information	
Description	File Name
3 kW mask filter	<p><b>Component Description:</b> Filter is designed to work with the transmitters automatic error correction and RF alarm software.</p> <p><b>Amount:</b> \$5,365.50</p>
UHF and VHF - minor banding issues	Information not provided.

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna JA SS-8 D36 D40 SHO BB</b>	<b>\$33,030.00</b>	<b>\$16,500.00</b>		<b>\$10,133.48</b>	
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	\$10,500.00	see attached attached 2018 upgraded antenna explanation.	\$10,133.48	see 2018 antenna cost explanation in attachments.
<b>Sub-total</b>	<b>\$33,030.00</b>	<b>\$16,500.00</b>	N/A	<b>\$10,133.48</b>	N/A
<b>Total for all systems</b>	<b>\$337,314.90</b>	<b>\$128,786.90</b>	N/A	<b>\$88,646.93</b>	N/A

**Components**

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

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

**Component Description:**

full payment will  
be made up front  
to avoid delay in  
shipping.

**Amount:**

\$9,575.00

**Component Description:**

shipping fee for  
antenna delivery.

**Amount:**

\$558.48

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**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
<b>Primary Tower LTOWER</b>	<b>\$84,200.00</b>	<b>\$9,000.00</b>		<b>\$8,458.00</b>	
Short Tower (less than 500')	\$84,200.00	\$9,000.00	KADO - will replace the existing antenna with a new broadband antenna that cover both our existing channel and our new channel assignment. This simplifies the amount of tower work needed.	\$8,458.00	This cost also include sweeping transmission line and antenna to verify accurate installation.
<b>Sub-total</b>	<b>\$84,200.00</b>	<b>\$9,000.00</b>	N/A	<b>\$8,458.00</b>	N/A
<b>Total for all systems</b>	<b>\$337,314.90</b>	<b>\$128,786.90</b>	N/A	<b>\$88,646.93</b>	N/A

**Components**

Actual Information Description	File Name
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Short Tower (less than 500')

**Component Description:**

100% to avoid  
any problems or  
delays in  
scheduling.

**Amount:**

\$8,458.00

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**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>\$68,099.90</b>	<b>\$63,319.90</b>		<b>\$45,137.95</b>	
Project Managemnet	<i>\$42,069.90</i>	\$42,069.90	Project management was handled in house by staff. Documentation is Sept. Internal Repack Document Final.	\$42,069.90	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$2,000.00	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	\$4,000.00	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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,500.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$971.25	N/A
Prepare and or review reimbursement form	\$2,630.00	\$1,500.00	N/A	\$596.80	N/A
<b>Sub-total</b>	<b>\$68,099.90</b>	<b>\$63,319.90</b>	<b>N/A</b>	<b>\$45,137.95</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$337,314.90</b>	<b>\$128,786.90</b>	<b>N/A</b>	<b>\$88,646.93</b>	<b>N/A</b>

## Components

Actual Information	
Description	File Name
Project Managemnet	<p><b>Component Description:</b> In house project management expenses.</p> <p><b>Amount:</b> \$42,069.90</p>



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 - 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	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<b>Component Description:</b> <b>Amount:</b>	CP permit prep. \$1,500.00
Perform engineering study for new channel assignment and antenna development	<b>Component Description:</b>  <b>Amount:</b>	Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing. \$601.25
	<b>Component Description:</b>  <b>Amount:</b>	Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps. \$370.00

Prepare and or review  
reimbursement form

**Component Description:** 399 review  
**Amount:** \$185.00

**Component Description:** communicate with  
attorney, engineer,  
and KADO  
management on  
399 filing and info  
**Amount:** \$64.80

**Component Description:** Invoice prep for  
filings.  
**Amount:** \$185.00

**Component Description:** Correspondence on  
399 form prep and  
filing.  
**Amount:** \$162.00

**Cost Information**

**Other Expenses**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$42,630.00</b>	<b>\$34,602.00</b>		<b>\$19,552.00</b>	
Develop and air announcement of upcoming channel change	<i>\$1,000.00</i>	\$1,000.00	N/A	\$600.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,522.00	N/A	\$3,522.00	N/A
Tower Fees	<i>\$30,080.00</i>	\$30,080.00	This is ESTIMATED services/ fess provided by the tower owner, American Tower, for structural analysis, technical drawings, some project management, and miscellaneous fees/ services for adding, and removing broadcast equipment at tower site.	\$15,430.00	N/A
<b>Sub-total</b>	<b>\$42,630.00</b>	<b>\$34,602.00</b>	N/A	<b>\$19,552.00</b>	N/A
<b>Total for all systems</b>	<b>\$337,314.90</b>	<b>\$128,786.90</b>	N/A	<b>\$88,646.93</b>	N/A

## Components

Actual Information		
Description	File Name	
Develop and air announcement of upcoming channel change	<p><b>Component Description:</b></p>	<p>creation of on-air announcement for KADO channel change. Quote is document On-air announcement invoice.</p> <p><b>Amount:</b> \$600.00</p>
DTV Medical Facility Notification	<p><b>Component Description:</b></p>	<p>100% due when order for work is placed. Will place the order now and it will be scheduled for Jan 2019.</p> <p><b>Amount:</b> \$3,522.00</p> <p><b>Component Description:</b></p> <p>Notification of medical facilities.</p> <p><b>Amount:</b> \$3,522.00</p>

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Tower Fees

**Component Description:** quote located in document KADO 90372 Shreveport LA Repack Cost Estimate 3-14-2019.pdf

**Amount:** \$2,600.00

**Component Description:** This is the invoice for the AM study required before our channel change. Our tower is located next to an AM radio tower.

**Amount:** \$2,600.00

**Component Description:** quote located in document KADO 90372 Shreveport LA Repack Cost Estimate 3-14-2019.pdf

**Amount:** \$9,480.00

**Component Description:** Structural engineering tower load study for documented tower.

**Amount:** \$750.00

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$337,314.90	\$128,786.90	\$88,646.93

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
The facility has ceased operating on its pre-auction channel.	Yes
Construction of final facilities or all necessary modifications are complete.	Yes
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 data-bbox="758 772 1061 1176">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 data-bbox="758 1198 1045 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="758 1467 1061 1758">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.

**Chad  
Giddens**  
*Media  
Manager*

09/05/2019

Certification	Section	Question	Response
	<p><b>Submission of Final Allocation or Accounting Information 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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li>   <li>2. 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>	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Chad  
Giddens**  
*Media  
Manager*

09/05/2019

## Attachments