



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **68394** | Service: **DCA** | Call **WMVH-CD** | Channel: **32 (UHF)** |
ID: | Sign:
File **0000027847**
Number:
FRN: **0026907345** | Date **11/05**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP INC.	RENEE ILHARDT 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	Corporation

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	See attached Transition Plan Narrative.

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	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
Existing Transmitter Manufacturer and Type	Manufacturer	Rohde & Schwarz
	Model	SCx8302
	Year	2009
	Type	Solid State

	Solid State Cooling	Air Cooled
	Solid State Power capacity	0.9 kW

**Primary
Transmitter**

Retuning Transmitter Costs

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

**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
Additional field engineering time		Additional field engineering time

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	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	1
	Design power capacity in use	100.0 %
	Lower Limit	470.00 MHz
	Upper Limit	806.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	5.46 kW

Manufacturer	
Model	ATC- BBO10-U
Year	2014

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?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	8
	Lower Limit	470.00 MHz
	Upper Limit	806.00 MHz
	Design power capacity in use	100.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	4.65 kW
	Manufacturer	

Model	ATC-BCH48UA-32
Year	2018
Justification for New Antenna	See attached Transition Plan Narrative.

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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for 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?	Yes
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
Existing Tower Structure Registration	Is tower compliant with Rev G?	Unknown
	Do you have a tower registration number?	Yes
Coordinates (NAD83 (North American Datum of 1983))	ASR Number	1027316
	Latitude (NAD83)	40° 07' 24.0" N-
	Longitude (NAD83)	079° 53' 44.0" W-

Overall Structure Height	302.82 feet
Support Structure Height	302.82 feet
Ground Elevation Above Mean Sea Level (AMSL)	1139.75 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Forever Media, Inc.
Date Constructed	01/01/1978

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
Structural Analysis	Structural Analysis

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	400
	Explanation	Please see the attached Transition Plan Narrative.
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	Yes
	Quantity	1
	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	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	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

Services not 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	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	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?	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 SCx8302	\$110,105.00	\$19,935.00		\$5,870.00	
Additional field engineering time	<i>\$750.00</i>	\$750.00	N/A	\$750.00	N/A
3 kW mask filter	\$4,155.00	\$10,240.00	See attached quote from ERI	\$5,120.00	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$8,945.00	N/A	N/A	N/A
Sub-total	\$110,105.00	\$19,935.00	N/A	\$5,870.00	N/A
Total for all systems	\$356,155.00	\$185,491.55	N/A	\$45,261.38	N/A

Components

Actual Information	
Description	File Name
Additional field engineering time	<div><div>Component Description:</div><div>Technical services to change frequency and power. #19050</div><div>Amount:</div><div>\$750.00</div></div>

3 kW mask filter	<div> <div>Component Description:</div> <div>Transmitter related cost.</div> <div>#FILTERS-500</div> <div>Amount:</div> <div>\$5,120.00</div> </div>
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
Primary Antenna ATC-BCH48UA-32	\$43,550.00	\$13,350.00		\$0.00	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF . Broadband Slot, Side Mount, 8 bay, 5 kW input, directional, horizontally polarized	\$10,520.00	\$6,950.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$0.00	N/A	N/A	N/A
Sub-total	\$43,550.00	\$13,350.00	N/A	\$0.00	N/A
Total for all systems	\$356,155.00	\$185,491.55	N/A	\$45,261.38	N/A

Components

Information not provided.

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	\$88,450.00	\$84,250.00		\$2,250.00	
Structural Analysis	<i>\$4,250.00</i>	\$4,250.00	N/A	\$2,250.00	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Sub-total	\$88,450.00	\$84,250.00	N/A	\$2,250.00	N/A
Total for all systems	\$356,155.00	\$185,491.55	N/A	\$45,261.38	N/A

Components

Actual Information	
Description	File Name
Structural Analysis	<div>Component Description: Structural analysis. #29666061</div> <div>Amount: \$2,250.00</div>
Short Tower (less than 500')	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	\$93,910.00	\$56,736.55		\$35,363.61	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	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	\$503.10	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,250.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,288.25	N/A
Prepare and or review reimbursement form	\$2,630.00	\$3,193.90	Updated cost of estimated amount per FCC requirement.	\$3,193.90	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
Project management of the transition	\$63,200.00	\$27,292.65	N/A	\$27,128.36	N/A
Sub-total	\$93,910.00	\$56,736.55	N/A	\$35,363.61	N/A
Total for all systems	\$356,155.00	\$185,491.55	N/A	\$45,261.38	N/A

Components

Actual Information	
Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Prepare and file 2100. #1001815 \$503.10 Component Description: Please refer to lines 4 and 5 of the attached invoice totaling \$301. Less the 10% discount received the amount due is \$270.90. Please note the hours and rates are provided at the bottom of the invoice. Amount:
Prepare request for Special Temporary Authorization	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	Component Description: Amount:	Line one of the invoice - prepare engineering section of FCC form 2100, construction permit application \$2,250.00

Perform engineering study
for new channel
assignment and antenna
development

Component Description:

Consulting
engineering
services. #6545
\$123.75

Amount:

Component Description:

Consulting
engineering
services. #6564
\$454.50

Amount:

Component Description:

Please refer to line
7 of the invoice for
details
\$811.31

Amount:

Component Description:

Please refer to line
11 of the invoice
for details
\$125.00

Amount:

Component Description:

Please see line 3
of the invoice -
Perform
engineering study
for new channel
assignment and
antenna
development
\$900.00

Amount:

Component Description:

Consulting
engineering
services. #6516
\$810.00

Amount:

Component Description:

Please refer to line
8 of the invoice for
details
\$456.25

Amount:

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="708 174 1015 208">Component Description:</td><td data-bbox="1150 174 1385 360">Please see line 2 of the invoice - Prepare and or review reimbursement form</td></tr> <tr> <td data-bbox="708 376 815 409">Amount:</td><td data-bbox="1150 376 1267 409">\$2,500.00</td></tr> <tr> <td data-bbox="708 517 1015 551">Component Description:</td><td data-bbox="1150 517 1342 584">399 form review. #1001815</td></tr> <tr> <td data-bbox="708 600 815 633">Amount:</td><td data-bbox="1150 600 1246 633">\$693.90</td></tr> <tr> <td data-bbox="708 734 1015 768">Component Description:</td><td data-bbox="1150 734 1374 1238">please refer to lines 1,2,5,6 and 7 of the attached invoice totaling \$1,029. Less the 10% discount received the amount due is \$926.10. Please note the hours and rates are provided at the bottom of the invoice.</td></tr> <tr> <td data-bbox="708 1254 815 1288">Amount:</td><td data-bbox="1150 1254 1246 1288">\$926.10</td></tr> </table>	Component Description:	Please see line 2 of the invoice - Prepare and or review reimbursement form	Amount:	\$2,500.00	Component Description:	399 form review. #1001815	Amount:	\$693.90	Component Description:	please refer to lines 1,2,5,6 and 7 of the attached invoice totaling \$1,029. Less the 10% discount received the amount due is \$926.10. Please note the hours and rates are provided at the bottom of the invoice.	Amount:	\$926.10
Component Description:	Please see line 2 of the invoice - Prepare and or review reimbursement form												
Amount:	\$2,500.00												
Component Description:	399 form review. #1001815												
Amount:	\$693.90												
Component Description:	please refer to lines 1,2,5,6 and 7 of the attached invoice totaling \$1,029. Less the 10% discount received the amount due is \$926.10. Please note the hours and rates are provided at the bottom of the invoice.												
Amount:	\$926.10												
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>												
<p>Project management of the transition</p>	<table> <tr> <td data-bbox="708 1583 1015 1617">Component Description:</td><td data-bbox="1150 1583 1369 1684">Please refer to line 6 of the invoice for details</td></tr> <tr> <td data-bbox="708 1700 815 1733">Amount:</td><td data-bbox="1150 1700 1230 1733">\$37.50</td></tr> </table>	Component Description:	Please refer to line 6 of the invoice for details	Amount:	\$37.50								
Component Description:	Please refer to line 6 of the invoice for details												
Amount:	\$37.50												

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1112
Amount:	\$521.40

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1104
Amount:	\$644.80

Component Description:	Project management services. #19-394
Amount:	\$1,690.00

Component Description:	Project management services. #19-111
Amount:	\$1,112.50

Component Description:	Project management service. #19-309
Amount:	\$87.50

Component Description:	Project management service. #19-279
Amount:	\$375.00

Component Description:	Project management service. #19-262
Amount:	\$675.00

Component Description:	Project management services. #19-366
Amount:	\$4,542.50

Component Description:	Project management service. #19-251
Amount:	\$1,425.00

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #471659
Amount:	\$1,206.00

Component Description:	Project management service. #19-285
Amount:	\$287.50

Component Description:	Project management service. #19-154
Amount:	\$762.00

Component Description:	Project management service. #19-202
Amount:	\$267.50

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 18 stations. #472568
Amount:	\$821.47

Component Description:	Project management service. #19-263
Amount:	\$850.00

Component Description:	Project management service. #19-313
Amount:	\$212.50

Component Description:	Project management service. #19-237
Amount:	\$675.00

Component Description:	Project management service. #19-255
Amount:	\$500.00

Component Description:	Project management services. #19-222
Amount:	\$225.00

Component Description:	Project management service. #19-236
Amount:	\$775.00

Component Description:	Project management service. #575
Amount:	\$575.00

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1118
Amount:	\$1,609.03

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1116
Amount:	\$1,254.03

Component Description:	Project management service. #19-270
Amount:	\$487.50

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

Component Description:	Project management service. #19-148
Amount:	\$825.00

Component Description:	Project management service. #19-330
Amount:	\$150.00

Component Description:	Project management service. #19-183
Amount:	\$912.50

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #472232
Amount:	\$901.10

Component Description:	Legal service cost. #1001815
Amount:	\$1,197.00

Component Description:	Project management service. #19-290
Amount:	\$300.00

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1096
Amount:	\$714.93

Component Description:	Project management service. #19-241
Amount:	\$310.00

Component Description:	Project management service. #19-245
Amount:	\$600.00

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
Other Expenses	\$20,140.00	\$11,220.00		\$1,777.77	
MVPD Notification of Channel Change	<i>\$1,200.00</i>	\$1,200.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$250.00</i>	\$250.00	N/A	N/A	N/A
Equipment Storage	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$4,500.00</i>	\$4,500.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	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
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A

DTV Medical Facility Notification	\$11,550.00	\$2,685.00	N/A	\$1,777.77	N/A
Sub-total	\$20,140.00	\$11,220.00	N/A	\$1,777.77	N/A
Total for all systems	\$356,155.00	\$185,491.55	N/A	\$45,261.38	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 Storage	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	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>Component Description: Medical notification service. #INV-001863</p> <p>Amount: \$1,777.77</p>

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$356,155.00	\$185,491.55
			\$45,261.38

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>Henry Turner <i>Chief Operating Officer</i></p> <p>11/05/2019</p>

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"> 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>Henry Turner <i>Chief Operating Officer</i></p> <p>11/05/2019</p>

Attachments