Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **24257** | Service: **DCA** | Call Sign: **W16DS-D** | Channel: **16 (UHF)**

File Number: **0000028405**

FRN: **0001754217** | Date Submitted: **07/08/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GLEN IRIS BAPTIST SCHOOL	Jonathan Dickey 1137 10TH PLACE SOUTH BIRMINGHAM, AL 35205 United States	+1 (205) 936-3555	jondickey@me.com	Private Not-for-Profit Educational Institution

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
Samuel Hariton *Widelity*	4031 University Drive Ste. 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widelity.com

Broadcaster Information and Transition Plan

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	We need to re-tune our current transmitter to channel 16 and replace our channel 47 antenna and filter with a channel 16 antenna and filter.

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	Superior Broadcast
	Model	SBTXU-1000D RE

	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1 kW

Primary Transmitter

Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	1.5 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 leashold 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
ReTune	Transmitter amplifier modules need to be tuned from channel 47 to channel 16.

Antennas

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

Primary Antenna

Add 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 this antenna currently shared with any other stations?	No
	Is this 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)	15.0 kW

Manufacturer	
Model	DLP12W
Year	2015

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?	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	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)	8.35 kW
	Manufacturer	

	Model	DLP-12M /VP
	Year	2019
	Justification for New Antenna	The DPL-12W antenna, that we currently using, cut for channel 47, is not broadband enough to tune to channel 16.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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
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?	Yes
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?	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
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1052060
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	33° 29' 03.0" N-
	Longitude (NAD83)	086° 48' 35.0" W-

Overall Structure Height	308.40 feet
Support Structure Height	300.52 feet
Ground Elevation Above Mean Sea Level (AMSL)	1009.83 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Range Holdings LLC
Date Constructed	01/01/1947

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
20989	WBFR	FM

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

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	595
	Explanation	W47EI-D requires the aid of outside project management services in order to fulfill the requirements of the repack. W47EI-D does not have sufficient resource capacity and expertise in house to handle all repack related actions
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	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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	Yes
RF Field Engineering Services	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 Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Attorney - Other Services	Attorney Fees - Lease and Other Matters

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	No
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?	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

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 SBTXU-1000D RE	**$118,230.00**	**$28,000.00**		**$4,606.25**	
1.5 kW mask filter	$3,030.00	$8,000.00	The quote from Superior Broadcast is for $7,200.00 uninstalled.	$2,306.25	N/A
UHF and VHF - minor banding issues	$105,200.00	$10,000.00	N/A	$0.00	N/A
ReTune	***$10,000.00***	$10,000.00	N/A	$2,300.00	N/A
Sub-total	$118,230.00	$28,000.00	N/A	$4,606.25	N/A
Total for all systems	$471,310.00	$210,101.25	N/A	$38,601.10	N/A

Components

Actual Information Description	File Name

1.5 kW mask filter	**Component Description:** **Amount:** **Component Description:** **Amount:**	W16DS-D-110-1st Primary Transmitter - 1.5 kW Mask Filter $2,306.25 W47EI-D-110-1st Primary Transmitter - 1.5 kW Mask Filter $184.50
UHF and VHF - minor banding issues	Information not provided.	
ReTune	**Component Description:** **Amount:**	Retune Transmitter, Install Filter $2,300.00

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 DLP-12M/VP	**$33,030.00**	**$17,001.25**		**$11,851.25**	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	$26,300.00	$13,001.25	Please see attached Dielectric quote 1699102, Dielectric invoice 614047, and American Antennas invoice 51319	$11,851.25	N/A
Sweep test of existing antenna	$6,730.00	$4,000.00	N/A	$0.00	N/A
Sub-total	$33,030.00	$17,001.25	N/A	$11,851.25	N/A
Total for all systems	$471,310.00	$210,101.25	N/A	$38,601.10	N/A

Components

Actual Information Description	File Name

UHF - Lower Power Side Mount, Class A One Station antenna -- basic	**Component Description:** **Amount:**	Replace Ch 47 antenna with Ck 16 antenna on 300 ft self supporting tower. $2,250.00
	Component Description: **Amount:**	UHF LOW POWER SIDE MOUNT $6,766.25
	Component Description: **Amount:**	AL Sales Tax - Invoice 580002 $633.30
	Component Description: **Amount:**	Freight and Shipping $2,835.00
Sweep test of existing antenna	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	**$84,200.00**	**$8,000.00**		**$0.00**	
Short Tower (less than 500')	$84,200.00	$8,000.00	N/A	$0.00	N/A
Sub-total	$84,200.00	$8,000.00	N/A	$0.00	N/A
Total for all systems	$471,310.00	$210,101.25	N/A	$38,601.10	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	**$221,355.00**	**$143,300.00**		**$22,143.60**	
Project management of the transition	$94,010.00	$99,675.00	Please see attached strategic support quote from Widelity	$19,737.35	N/A
Attorney - Other Services	***$2,375.00***	$2,375.00	Please see the attached invoices from FLETCHER, HEALD & HILDRETH, P.L.C. #208867 and #210286	$1,656.25	N/A
Comprehensive coverage verification via field study, if needed	$84,200.00	$25,000.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	$2,630.00	$1,000.00	N/A	$0.00	N/A
Prepare and or review reimbursement form	$2,630.00	$2,500.00	N/A	N/A	N/A

RF Exposure Measurements	$21,050.00	$5,000.00	N/A	$0.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	$2,365.00	$750.00	Please see W16DS-D Justification New Category Attorney License to Cover	$750.00	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	$0.00	N/A
Perform engineering study for new channel assignment and antenna development	$7,360.00	$2,500.00	N/A	N/A	N/A
Sub-total	$221,355.00	$143,300.00	N/A	$22,143.60	N/A
Total for all systems	$471,310.00	$210,101.25	N/A	$38,601.10	N/A

Components

Actual Information Description	File Name
Project management of the transition	

Component Description: Project Management
Amount: $2,357.95

Component Description: Project Management
Amount: $163.75

Component Description: Project Management
Amount: $1,962.90

Component Description: Project Management
Amount: $558.75

Component Description: Project Management
Amount: $2,245.40

Component Description: Project Management
Amount: $2,913.60

Component Description: Project Management
Amount: $2,953.95

Component Description: Project Management
Amount: $3,101.05

Component Description: Project Management
Amount: $1,856.25

	Component Description: Project Management **Amount:** $1,285.00 **Component Description:** Project Management **Amount:** $338.75
Attorney - Other Services	**Component Description:** Other Matters **Amount:** $500.00 **Component Description:** Reminder to client of upcoming Transition Report filing deadline **Amount:** $656.25 **Component Description:** W47EI-D-590-Attorney - Other matters **Amount:** $250.00 **Component Description:** Legal Services **Amount:** $250.00 **Component Description:** Follow-up with client re operational status of Ch. 15. **Amount:** $1,125.00
Comprehensive coverage verification via field study, if needed	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.	
RF Exposure Measurements	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	**Component Description:** **Amount:**	Legal Services $750.00
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	Information not provided.	
Perform engineering study for new channel assignment and antenna development	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
Other Expenses	**$14,495.00**	**$13,800.00**		**$0.00**	
Develop and air announcement of upcoming channel change	***$500.00***	$500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	***$1,000.00***	$1,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	$11,550.00	$11,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	$1,110.00	$1,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	$335.00	$300.00	N/A	N/A	N/A
Sub-total	$14,495.00	$13,800.00	N/A	$0.00	N/A
Total for all systems	$471,310.00	$210,101.25	N/A	$38,601.10	N/A

Components

Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$471,310.00	$210,101.25	$38,601.10

Reimbursement Status

Question	Response
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
Submission of Estimated Expenses Statements	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.	
	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.

	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.	**Jonathan Dickey** *Manager* 07/08/2020

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 IMPRISIONMENT (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).	
	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.

	8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Jonathan Dickey** *Manager* 07/08/2020

Certification

Section	Question	Response
Submission of Final Allocation or Accounting Information Statements	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.	
	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. 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.	

	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.	**Jonathan Dickey** *Manager* 07/08/2020

Attachments