



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **30129** | Service: **DCA** | Call **WBEH-CD** | Channel: **17 (UHF)**
ID:
File **0000025369**
Number:
FRN: **0001843697** | Date **10/02**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WPMF MIAMI, LLC Doing Business As: WPMF MIAMI, LLC	Ms. Maria Martinez 14450 Commerce Way Miami Lakes, FL 33016 United States	+1 (305) 863- 5731	maria. martinez@primetimepartners. net	Limited Liability Company

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	WPMF-CD employs a broadband antenna with flexible transmission line. The antenna and transmission line will be employed on Channel 17. The transmitter will be retuned for the new channel and mask filter replaced.

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	TMU9/2
Year	2013
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	1.2 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 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**
Information not provided.

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?	Yes
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Middle
	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)	4.7 kW

Manufacturer	
Model	ANT TUL- C1SP-4/4M- 1
Year	2010

**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	Horizontal
	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)	3.65 kW
	Manufacturer	

Model	UHF Low Power Side Mount TV ANT TLP-16J
Year	2018
Justification for New Antenna	New Antenna

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

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
TLP-16J FOR WPMF CH 17	UHF-LOW POWER SIDE MOUNT ANTENNA
UT6E7F-3K 3kW Filter	6 Pole Filter, CH 17

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	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?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1026553
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	25° 58' 08.0" N-
	Longitude (NAD83)	080° 13' 19.0" W-
	Overall Structure Height	1041.00 feet

Support Structure Height	936.67 feet
Ground Elevation Above Mean Sea Level (AMSL)	7.87 feet
Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Towers LLC
Date Constructed	01/01/1990

**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
12497	WBFS-TV	DTV
73893	WPOW	FM
10203	WSFL-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 documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor 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

Information not provided.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
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	Yes
	Number of Days	7
	Justification	On-site engineering for project management, to include scheduling and coordinating installation at shared transmitter facility.

Outside Professional Services Costs
Other Professional Services Expenses Not Listed

Name	Description
------	-------------

Attorney - Other Services

Outside Professional Services - Attorney -
Other Services

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)?	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

Other Expenses	Other Expenses Not Listed
	Information not provided.

Cost
Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter TMU9/2	\$108,230.00	\$103,500.00		\$10,000.00	
1.5 kW mask filter	\$3,030.00	\$3,500.00	Estimate from Vendor	N/A	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$100,000.00	N/A	\$10,000.00	N/A
Sub-total	\$108,230.00	\$103,500.00	N/A	\$10,000.00	N/A
Total for all systems	\$606,982.00	\$464,582.00	N/A	\$83,926.32	N/A

Components

Actual Information Description	File Name
1.5 kW mask filter	Information not provided.
UHF and VHF - minor banding issues	<div>Component Description: Retuning transmitter for Channel 17</div> <div>Amount: \$10,000.00</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
Primary Antenna UHF Low Power Side Mount TV ANT TLP-16J	\$59,947.00	\$59,247.00		\$0.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,600.00	N/A	N/A	N/A
TLP-16J FOR WPMF CH 17	<i>\$30,472.00</i>	\$30,472.00	N/A	\$0.00	N/A
UT6E7F-3K 3kW Filter	<i>\$3,175.00</i>	\$3,175.00	N/A	\$0.00	N/A
Sub-total	\$59,947.00	\$59,247.00	N/A	\$0.00	N/A
Total for all systems	\$606,982.00	\$464,582.00	N/A	\$83,926.32	N/A

Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	Information not provided.

TLP-16J FOR WPMF CH 17	<div> <div> Component Description: </div> <div> UHF Low Power Side Mount Antenna TLP-16J and Custom Mounts </div> </div> <div> Amount: </div> <div> \$30,472.00 </div>
UT6E7F-3K 3kW Filter	<div> <div> Component Description: </div> <div> Note that "Line and Tax Adjustments" line and outstanding balance of \$0 reflects only that Dielectric had received the amount due as a down payment prior to issuing the invoice. Licensee has not otherwise requested reimbursement for this down payment. </div> </div> <div> Amount: </div> <div> \$3,175.00 </div> <div> <div> Component Description: </div> <div> Filter UT6E7F-3K </div> </div> <div> Amount: </div> <div> \$3,175.00 </div>

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 GTOWER	\$381,100.00	\$243,100.00		\$58,867.32	
Tall Tower (greater than 500')	\$210,500.00	\$210,500.00	N/A	\$30,789.12	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$20,000.00	N/A	\$14,835.00	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,600.00	N/A	\$13,243.20	\$843.20 in tax imposed above \$12,400 subtotal
Sub-total	\$381,100.00	\$243,100.00	N/A	\$58,867.32	N/A
Total for all systems	\$606,982.00	\$464,582.00	N/A	\$83,926.32	N/A

Components

Actual Information Description	File Name
--------------------------------	-----------

Tall Tower (greater than 500')	<div> Component Description: 35% payment for removal of existing antenna and installation of new antenna </div> <div> Amount: \$6,247.50 </div>
	<div> Component Description: 65% of costs for removal of existing antenna and installation of new, including additional installation costs and unanticipated labor costs. Please see attached cover letter for further explanation </div> <div> Amount: \$24,541.62 </div>
Minor tower reinforcement /modifications	<div> Component Description: Invoice from tower owners for structural work on tower </div> <div> Amount: \$9,500.00 </div> <div> Component Description: Capital contribution to tower owner for improvements </div> <div> Amount: \$5,335.00 </div>
Structural engineering tower load study for well documented tower	<div> Component Description: Broadcast Tower Mapping </div> <div> Amount: \$13,243.20 </div>

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	\$36,210.00	\$37,840.00		\$6,500.00	
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	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$2,050.00	N/A	\$750.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$125.00	N/A

Prepare and or review reimbursement form	\$2,630.00	\$5,000.00	Additional costs for preparation of reimbursement forms and response to FCC staff requests as detailed in invoices	\$3,750.00	Please see invoiced total amounts
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,680.00	N/A	N/A	N/A
Additional Field Engineering Service, 7 Days	\$3,000.00	\$3,000.00	N/A	N/A	N/A
Attorney - Other Services	\$2,500.00	\$2,500.00	Consultation on reimbursable expenses and compliance with legal requirements, filing of required reports	\$250.00	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,360.00	N/A	\$1,625.00	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
Sub-total	\$36,210.00	\$37,840.00	N/A	\$6,500.00	N/A
Total for all systems	\$606,982.00	\$464,582.00	N/A	\$83,926.32	N/A

Components

Actual Information	
Description	File Name
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 request for Special Temporary Authorization	<div> Component Description: </div> <div> Preparation of engineering portion of STA request </div> <div> Amount: </div> <div> \$750.00 </div>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<div> Component Description: </div> <div> Preparation of technical portion of covering license application </div> <div> Amount: </div> <div> \$125.00 </div>

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="708 174 1015 208">Component Description:</td><td data-bbox="1147 174 1331 327">Assistance with preparation of initial Form 399 filing</td></tr> <tr> <td data-bbox="708 338 815 371">Amount:</td><td data-bbox="1147 338 1246 371">\$500.00</td></tr> <tr> <td data-bbox="708 477 1015 510">Component Description:</td><td data-bbox="1147 477 1374 667">Legal assistance in preparation and filing of reimbursement requests</td></tr> <tr> <td data-bbox="708 678 815 712">Amount:</td><td data-bbox="1147 678 1267 712">\$3,250.00</td></tr> </table>	Component Description:	Assistance with preparation of initial Form 399 filing	Amount:	\$500.00	Component Description:	Legal assistance in preparation and filing of reimbursement requests	Amount:	\$3,250.00
Component Description:	Assistance with preparation of initial Form 399 filing								
Amount:	\$500.00								
Component Description:	Legal assistance in preparation and filing of reimbursement requests								
Amount:	\$3,250.00								
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Information not provided.</p>								
<p>Additional Field Engineering Service, 7 Days</p>	<p>Information not provided.</p>								
<p>Attorney - Other Services</p>	<table> <tr> <td data-bbox="708 1153 1015 1187">Component Description:</td><td data-bbox="1147 1153 1342 1305">Preparation and filing of quarterly transition status report</td></tr> <tr> <td data-bbox="708 1317 815 1350">Amount:</td><td data-bbox="1147 1317 1246 1350">\$250.00</td></tr> </table>	Component Description:	Preparation and filing of quarterly transition status report	Amount:	\$250.00				
Component Description:	Preparation and filing of quarterly transition status report								
Amount:	\$250.00								
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>								

Perform engineering study for new channel assignment and antenna development	<table> <tr> <td data-bbox="703 174 1018 208">Component Description:</td><td data-bbox="1147 174 1362 286">Preparation of Longley-Rice map of new facility</td></tr> <tr> <td data-bbox="703 297 815 331">Amount:</td><td data-bbox="1147 297 1246 331">\$375.00</td></tr> <tr> <td data-bbox="703 432 1018 465">Component Description:</td><td data-bbox="1147 432 1362 499">Engineering study work</td></tr> <tr> <td data-bbox="703 510 815 544">Amount:</td><td data-bbox="1147 510 1268 544">\$1,000.00</td></tr> <tr> <td data-bbox="703 656 1018 689">Component Description:</td><td data-bbox="1147 656 1362 768">Review if antenna mounting plan for FCC compliance</td></tr> <tr> <td data-bbox="703 779 815 813">Amount:</td><td data-bbox="1147 779 1246 813">\$250.00</td></tr> </table>	Component Description:	Preparation of Longley-Rice map of new facility	Amount:	\$375.00	Component Description:	Engineering study work	Amount:	\$1,000.00	Component Description:	Review if antenna mounting plan for FCC compliance	Amount:	\$250.00
Component Description:	Preparation of Longley-Rice map of new facility												
Amount:	\$375.00												
Component Description:	Engineering study work												
Amount:	\$1,000.00												
Component Description:	Review if antenna mounting plan for FCC compliance												
Amount:	\$250.00												
Prepare engineering section of 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
Other Expenses	\$21,495.00	\$20,895.00		\$8,559.00	
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$500.00</i>	\$500.00	This cost reflects legal fees associated with developing the text of the required notices	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$8,559.00	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

Equipment Delivery and Handling Charges	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Sub-total	\$21,495.00	\$20,895.00	N/A	\$8,559.00	N/A
Total for all systems	\$606,982.00	\$464,582.00	N/A	\$83,926.32	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.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
DTV Medical Facility Notification	<p>Component Description: Notification to medical facilities</p> <p>Amount: \$8,559.00</p>
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$606,982.00	\$464,582.00
			\$83,926.32

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	<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>Jose Rodriguez <i>Manager</i></p> <p>10/02/2019</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>Jose Rodriguez <i>Manager</i></p> <p>10/02/2019</p>

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

**Jose
Rodriguez**
Manager

10/02/2019

Attachments