



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **60825** | Service: **DTV** | Call **WELF-TV** | Channel: **28 (UHF)** |
ID: | Sign:
File **0000026359**
Number:
FRN: **0004346060** | Date **01/31**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TRINITY BROADCASTING OF TEXAS, INC.	13600 Heritage Parkway	+1 (855) 826-2255	CMMAY@MAYLAWOFFICES.COM	Not-for-Profit
Doing Business As:	Suite 200 Fort Worth, TX 76177 United States			

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	Reduce TPO to 50% and remove 1/2 of the xmitter system. Install new SS xmitter system. Add AUX antenna & line to the tower & feed it with a reduced signal from the current xmitter. Remove & replace antenna. Test.

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	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	TDU2- 10K00LV
	Year	2005
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	12 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	HPTV-PRLX-U10
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	16 kW
	Justification for New Transmitter	see attachment

**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	Yes
	Description	disconnects, labor

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?	Yes
	Size	72.0 square feet
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
install	xmitter installation

Antennas

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

Primary Antenna

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	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)	360.0 kW

Manufacturer	
Model	ATL22H3- HSOC-16
Year	2004

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	Full Power
	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)	475.0 kW
	Manufacturer	

Model	ATW22H3-HSOC-28H
Year	2017
Justification for New Antenna	Present antenna is to far off in frequency to be re-tuned.

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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
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.

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	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 Type	Class	Full Power
	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)	300.0 kW
	Manufacturer	
	Model	i230E-CN- 16-28
	Year	2019

	Justification for New Antenna	Remain on the air while antennas are changed.
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**Interim
Antenna**

Other Antenna Costs

Section	Question	Response
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 an antenna?	Yes
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?	Yes

**Interim
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?	Yes

Primary Transmission Line**Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	eri
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	600 feet per run

Primary

Other Transmission Line Expenses Not Listed

Transmission Line

Information not provided.

Interim

New Transmission Line

Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	500 feet per run
	Justification for New Transmission Line	remain on the air while changing antenna.

Interim

Other Transmission Line Expenses Not Listed

Transmission Line

Information not provided.

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	Owned
	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?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1276951
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 49' 23.4" N-
	Longitude (NAD83)	085° 25' 05.9" W-
	Overall Structure Height	450.13 feet
	Support Structure Height	450.13 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2052.47 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Trinity Christian Center of Santa Ana dba Trinity Broadcasting Network
	Date Constructed	05/10/2012

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:	No reinforcements needed

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

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	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	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	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	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
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**

If wireless is 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	No
	FCC License to Cover Application	No
	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?	No
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	No
	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 HPTV-PRLX-U10	\$813,986.00	\$779,986.00		\$486,793.59	
Other -- Building Addition Size: 72.0	<i>\$34,749.00</i>	\$34,749.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$650,000.00	N/A	\$451,793.59	N/A
install	<i>\$35,000.00</i>	\$35,000.00	N/A	\$35,000.00	N/A
Other Electrical Service: disconnects, labor	<i>\$60,237.00</i>	\$60,237.00	quoted	N/A	N/A
Sub-total	\$813,986.00	\$779,986.00	N/A	\$486,793.59	N/A
Total for all systems	\$1,447,131.00	\$1,380,586.00	N/A	\$628,418.28	N/A

Components

Actual Information	
Description	File Name
Other -- Building Addition Size: 72.0	Information not provided.

UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	<div> <div> Component Description: Amount: </div> <div> 35% deposit \$166,450.27 </div> </div> <div> <div> Component Description: Amount: </div> <div> 60 days and proof \$285,343.32 </div> </div>
install	<div> <div> Component Description: Amount: </div> <div> xmitter install \$35,000.00 </div> </div>
Other Electrical Service: disconnects, labor	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
Interim Antenna i230E-CN- 16-28	\$219,380.00	\$171,700.00		\$73,309.45	
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$15,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,700.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$150,000.00	N/A	\$73,309.45	N/A
Primary Antenna ATW22H3- HSOC-28H	\$234,210.00	\$201,100.00		\$0.00	

UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$170,000.00	N/A	\$0.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,300.00	N/A	\$0.00	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$6,000.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$14,000.00	N/A	\$0.00	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$4,800.00	N/A	\$0.00	N/A
Sub-total	\$453,590.00	\$372,800.00	N/A	\$73,309.45	N/A

Total for all systems	\$1,447,131.00	\$1,380,586.00	N/A	\$628,418.28	N/A
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Components

Actual Information Description	File Name
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.
Sweep test of existing antenna	Information not provided.
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	Component Description: 50% deposit Amount: \$73,309.45
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	Component Description: 30% Amount: \$43,496.70
Sweep test of existing antenna	Component Description: 30% of sweep Amount: \$1,875.00
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	Information not provided.
Side mount brackets for high power antennas (if not included in antenna base cost)	Component Description: 30% of brackets Amount: \$3,096.00
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Component Description: 30% Amount: \$1,440.00

Cost
Information

Transmission Line

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
Interim Transmission Line	\$29,500.00	\$29,000.00		\$24,375.24	
Flexible Air Transmission Line - dielectric, 3"	\$29,500.00	\$29,000.00	N/A	\$24,375.24	N/A
Primary Transmission Line	\$0.00	\$0.00		\$0.00	
Sub-total	\$29,500.00	\$29,000.00	N/A	\$24,375.24	N/A
Total for all systems	\$1,447,131.00	\$1,380,586.00	N/A	\$628,418.28	N/A

Components

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 3"	<div>Component Description:3 inch flex</div> <div>Amount:\$24,375.24</div>

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	\$96,800.00	\$157,500.00		\$40,890.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$2,500.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$155,000.00	Weather will require the tower crew to make 2 trips to complete the main and interim antenna /line work. Quotes attached.	\$40,890.00	N/A
Sub-total	\$96,800.00	\$157,500.00	N/A	\$40,890.00	N/A
Total for all systems	\$1,447,131.00	\$1,380,586.00	N/A	\$628,418.28	N/A

Components

Actual Information Description	File Name
Structural engineering tower load study for well documented tower	Information not provided.

Short Tower (less than 500')	Component Description:	Balance on
	Amount:	interim antenna \$40,890.00

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	\$41,705.00	\$38,200.00		\$3,050.00	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,200.00	N/A	N/A	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	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

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$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
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	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	\$1,750.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,300.00	N/A

Prepare and or review reimbursement form	\$2,630.00	\$2,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
Sub-total	\$41,705.00	\$38,200.00	N/A	\$3,050.00	N/A
Total for all systems	\$1,447,131.00	\$1,380,586.00	N/A	\$628,418.28	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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description:	Engineering for 2100 CP
	Amount:	\$1,750.00
Perform engineering study for new channel assignment and antenna development	Component Description:	Interference study for CP
	Amount:	\$650.00
	Component Description:	Further Interference study for CP
	Amount:	\$650.00
Prepare and or review reimbursement form	Information not provided.	
Prepare request for Special Temporary Authorization	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	\$11,550.00	\$3,100.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$3,100.00	N/A	N/A	N/A
Sub-total	\$11,550.00	\$3,100.00	N/A	\$0.00	N/A
Total for all systems	\$1,447,131.00	\$1,380,586.00	N/A	\$628,418.28	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$1,447,131.00	\$1,380,586.00
			\$628,418.28

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>Steve Hastings <i>Network RF Manager</i></p> <p>01/31/2020</p>

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 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).	
		<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>steve Hastings <i>Network RF Manager</i></p> <p>01/31/2020</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.

**steve
Hastings**
*Network RF
Manager*

01/31/2020

Attachments