## FCC Form 399:

Reimbursement Request


| Applicant <br> Information | Applicant Name, Type, and Contact Information |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  | Applicant |  |  |  | Address | Phone |
|  | CHRISTIAN TELEVISION | PO BOX | $+1(727)$ | soneal@ctntv. | Applicant |  |
| Type |  |  |  |  |  |  |

## Reimbursement Contact Name and Information <br> Reimbursement Contact information

| Applicant | Address | Phone | Email |
| :--- | :--- | :--- | :--- |
| [Confidential] |  |  |  |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
| :--- | :--- | :--- | :--- |
| Joseph C. Chautin III | 1080 West Causeway | $+1(985)$ | jchautin@hardycarey. |
| Hardy, Carey, Chautin \& | Approach | $629-0777$ | com |
| Balkin, LLP | Mandeville, LA 70471 |  |  |
|  | United States |  |  |

Broadcaster Information and Transition Plan

Question

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.

Briefly describe transition plan

## Response

 No .
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WYBU will be off the air for 2 or 3 days while existing antenna, transmitter and mask filter are replaced with similar equipment that is capable of operating on the new channel.

| Transmitters | Section | Question | Response |
| :--- | :--- | :--- | :--- |
| Transmitter Related | Do you have transmitter related expenses? | Yes |  |
| Expenses |  |  |  |

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 | AT72K7 |
|  | Year | 2009 |
|  | Type | Solid State |
|  | Solid State Cooling | Air Cooled |
|  | Solid State Power Capacity | 2.7 kW |


| Primary Transmitter | New Transmitter Costs |  |  |
| :---: | :---: | :---: | :---: |
|  | Section | Question | Response |
|  | New Transmitter | Use | Primary <br> (Main) |
|  |  | Change Type | Purchase <br> New |
|  |  | Is this a request for upgraded equipment? | No |
|  |  | Manufacturer |  |
|  |  | Model | $\begin{aligned} & \text { EC702-HP- } \\ & \text { BB } \end{aligned}$ |
|  |  | Transmitter Type | Solid State |
|  |  | Solid State Cooling | Air Cooled |
|  |  | Solid State Power capacity | 1.7 kW |
|  |  | Justification for New Transmitter | Manufacturer has discontinued this model of transmitter and will not support the rechanneling of it. |

## 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
Other Transmitter Cost Not Listed
Transmitter 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 <br> New |
|  | Antenna Use | Primary <br> (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 <br> Manufacturer and Type | Class | Class A |
|  | Mounting | Side Mount |
|  | Antenna position in stack | Not in Stack |
|  | Polarization | Horizontal |
|  | Type | Slotted <br> 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 | AL8-16-PL |
| Year | 2009 |


| Section | Question | Response |
| :---: | :---: | :---: |
| New Antenna Description | Use | Primary <br> (Main) |
|  | Description of Use | N/A |
|  | Change Type | Purchase <br> 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 <br> Manufacturer and Types | Class | Class A |
|  | Mounting | Side Mount |
|  | Antenna position in stack | Not in Stack |
|  | Polarization | Horizontal |
|  | Type | Slotted <br> 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) | 15.0 kW |
|  | Manufacturer |  |
|  | Model | AL6-26-PL |


| Year | 2017 |
| :--- | :--- |
| Justification for New Antenna | Existing <br> antenna <br> cannot be <br> re-tuned to <br> new <br> channel |

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? | Yes |


| TransmissionSeftien | Question | Response |
| :--- | :--- | :--- |
| Transmission Line <br> Related Expenses | Do you have transmission line related <br> expenses? | No |

Tower
Equipment And Rigging

| Section | Question | Response |
| :--- | :--- | :--- |
| Tower Equipment or <br> Rigging Costs Changes | Do you have tower equipment or rigging <br> costs changes? | Yes | Costs

Primary Tower

Existing Tower

| Section | Question | Response |
| :--- | :--- | :--- |
| Existing Tower <br> Description | Type of change | Modify <br> Existing |
|  | Tower Use | Primary <br> (Main) |
|  | Description of Use | N/A |
| Ownership | Leased |  |
|  | Is this tower consider Complex? | No |
|  | Is this tower currently shared with any other <br> stations? | No |
|  | One or more FM, AM or TV radio | broadcaster(s) |


| Overall Structure Height | 337.92 feet |
| :--- | :--- |
| Support Structure Height | 337.92 feet |
| Ground Elevation Above Mean Sea Level <br> (AMSL) | 623.35 feet |
| Structure Type | TOWER - <br> Free <br> Standing or <br> Guyed <br> Structure |
| Tower Owner | PMB <br> Broadcasting <br> LLC |
| Date Constructed | 01/01/1960 |


| Primary Tower | Tower Modification Costs |  |  |
| :---: | :---: | :---: | :---: |
|  | Section | Question | Response |
|  | Engineering Study | Please what type of engineering study is required, if any: | No study needed |
|  | 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 <br> Required | Are helicopter services required? | No |

## Other Tower Expenses Not Listed

Tower
Information not provided.

| Outside Section | Question | Response |
| :---: | :---: | :---: |
| Professional Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
|  | Number of Hours | 605 |
|  | Explanation | Project management (Invoice processing, progress reporting, daisy chain monitoring and analysis, program management, and site visits as required) |
| Outside RF consulting <br> 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 | 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 | 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 | Yes |
|  | 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
Other Professional Services Expenses Not Listed
Professional ISenviciesrGastsided.
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)? | 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 |

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary | \$126,000.00 | \$112,977.40 |  | \$112,607.33 |  |
| Transmitter |  |  |  |  |  |
| EC702-HP- |  |  |  |  |  |
| BB |  |  |  |  |  |
| UHF - Air | \$126,000.00 | \$112,977.40 | see | \$112,607.33 | N/A |
| Cooled |  |  | Estimated |  |  |
| Solid State |  |  | Cost |  |  |
| Transmitter |  |  | Justification |  |  |
| 1-2.5 kW |  |  | WYBU-110- |  |  |
|  |  |  | 1st Primary |  |  |
|  |  |  | Transmitter |  |  |
|  |  |  | - UHF Air |  |  |
|  |  |  | Cooled |  |  |
|  |  |  | Solid State, |  |  |
|  |  |  | $1-2.5 \mathrm{kw} \mathrm{v} 0$ |  |  |
| Sub-total | \$126,000.00 | \$112,977.40 | N/A | \$112,607.33 | N/A |
| Total for all systems | \$387,330.00 | \$357,855.40 | N/A | \$170,219.13 | N/A |

## Components

Actual Information
Description
File Name

UHF - Air Cooled Solid
State Transmitter 1-2.5 kW

| Component Description: | TRANSMITTER, |
| :---: | :---: |
|  | UHF DOHERTY |
|  | BROADBAND |
| Amount: | \$8,129.40 |
| Component Description: | TRANSMITTER, |
|  | UHF DOHERTY |
|  | BROADBAND |
| Amount: | \$39,412.57 |
| Component Description: | TRANSMITTER |
|  | UHF DOHERTY |
|  | BROADBAND |
| Amount: | \$59,435.00 |
| Component Description: | TRANSMITTER, |
|  | UHF DOHERTY |
|  | BROADBAND |
| Amount: | \$5,630.36 |

Cost Information

## Antennas

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

| Description | Predetermined <br> Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Antenna <br> AL6-26-PL | \$33,030.00 | \$31,400.00 |  | \$0.00 |  |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| UHF - <br> Lower <br> Power Side <br> Mount, <br> Class A One <br> Station <br> antenna -- <br> basic | \$26,300.00 | \$25,000.00 | N/A | \$0.00 | N/A |
| Sub-total | \$33,030.00 | \$31,400.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$387,330.00 | \$357,855.40 | N/A | \$170,219.13 | N/A |

## Components

Information not provided.

Cost Transmission Line

Information 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 <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Tower <br> TOWER | \$84,200.00 | \$80,000.00 |  | \$0.00 |  |
| Short Tower (less than 500') | \$84,200.00 | \$80,000.00 | N/A | N/A | N/A |
| Sub-total | \$84,200.00 | \$80,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$387,330.00 | \$357,855.40 | N/A | \$170,219.13 | N/A |

## Components

Information not provided.

## Outside Professional Services

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

|  |  | Estimated <br> Predetermined <br> Cost Estimate |  |  |  |
| :--- | :---: | :--- | :--- | :--- | :--- |
| Estimated <br> Cost | Cost <br> Justification | Actual Cost | Actual Cost <br> Justification |  |  |
| Description | $\$ 122,150.00$ | $\$ 112,078.00$ |  | $\$ 54,286.80$ |  |
| Outside <br> Professional <br> Services |  |  |  |  |  |

$\left.\begin{array}{llllll}\hline \begin{array}{l}\text { Attorney Fees } \\ \text { - Negotiation } \\ \text { of lease and } \\ \text { other matters } \\ \text { for shared } \\ \text { locations }\end{array} & \$ 4,210.00 & \$ 78.00 & \begin{array}{c}\text { Please see } \\ \text { attached } \\ \text { WYBU }\end{array} & \$ 78.00\end{array}\right]$ N/A

| Prepare and <br> or review <br> reimbursement <br> form | $\$ 2,630.00$ | $\$ 2,500.00$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 600.00$ | $\mathrm{~N} / \mathrm{A}$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Prepare <br> engineering <br> section of FCC | $\$ 3,155.00$ | $\$ 3,000.00$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 2,000.00$ | $\mathrm{~N} / \mathrm{A}$ |
| Form 2100 <br> (main), |  |  |  |  |  |
| Construction <br> Permit | $\$ 7,360.00$ | $\$ 7,000.00$ | $\mathrm{~N} / \mathrm{A}$ | $\mathrm{\$}$ |  |
| Application |  |  |  |  |  |

## Components

| Actual Information <br> Description | File Name |  |
| :--- | :--- | :--- |
| Attorney Fees - Negotiation <br> of lease and other matters <br> for shared locations | Component Description: | Review FCC email <br> directing bank <br> account <br> association <br> $\$ 78.00$ |
|  | Amount: |  |
| Attorney Fees -Prepare and <br> File FCC Form 2100 (main), <br> License to Cover Application | Information not provided. |  |


| Attorney Fees - Prepare <br> and File FCC Form 2100 <br> (main), Construction Permit | Component Description: |  |
| :--- | :--- | :--- |
| Application |  | Load and prepare <br> initial draft Form |
|  | Amount: | 2100 |
|  |  | \$80.00 |

Perform engineering study for new channel assignment and antenna development

Project management of the transition

| Component Description: | Engineering study <br> work for new <br> channel |
| :--- | :--- |
|  | assignment and <br> antenna <br> development. |
|  | $\$ 312.50$ |


| Component Description: | Project |
| :--- | :--- |
|  | Managemen |


| Component Description: | Project |
| :--- | :--- |
|  | Management |
|  | $\$ 1.231 .60$ |


| Component Description: | Project |
| :--- | :--- |
|  | Management |
| Amount: | $\$ 1,779.70$ |


| Component Description: | Project |
| :--- | :--- |
|  | Management |
| Amount: | $\$ 2,113.00$ |


| Component Description: | Project |
| :--- | :--- |
|  | Management |
| Amount: | $\$ 1,647.05$ |


| Component Description: | Project |
| :--- | :--- |
|  | Management |
| Amount: | $\$ 3,808.95$ |


| Component Description: | Project |
| :--- | :--- |
|  | Management |
| Amount: | $\$ 2,126.65$ |


| Component Description: | Project |
| :---: | :---: |
|  | Management \$2,431.55 |
| Component Description: | Project |
|  | Management \$1,870.15 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,803.40 |
| Component Description: | Project |
|  | Management |
| Amount: | \$2,301.40 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,594.55 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,660.70 |
| Component Description: | Project |
|  | Management |
| Amount: | \$3,528.75 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,973.00 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,682.70 |


| Component Description: | Project |
| :---: | :---: |
|  | Management |
| Amount: | \$1,470.85 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,575.90 |
| Component Description: | Project |
|  | Management |
| Amount: | \$91.50 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,023.10 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,120.70 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,916.10 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,508.10 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,505.60 |
| Component Description: | Project |
|  | Management |
| Amount: | \$2,246.60 |


| Component Description: | Project <br> Management <br> Amount: |
| :--- | :--- |
|  | $\$ 2,655.05$ |
|  |  |
| Component Description: | Project |
|  | Management |
| Amount: | $\$ 1,607.40$ |
|  |  |

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Other Expenses | \$21,950.00 | \$21,400.00 |  | \$3,325.00 |  |
| MVPD <br> Notification of Channel Change | \$1,500.00 | \$1,500.00 | N/A | \$1,200.00 | N/A |
| Develop and air <br> announcement <br> of upcoming <br> channel <br> change | \$400.00 | \$400.00 | N/A | N/A | N/A |
| Equipment <br> Delivery and <br> Handling <br> Charges | \$7,000.00 | \$7,000.00 | N/A | N/A | N/A |
| Disposal <br> Costs (for equipment and other waste, net of any salvage value) | \$1,500.00 | \$1,500.00 | N/A | N/A | N/A |
| DTV Medical <br> Facility <br> Notification | \$11,550.00 | \$11,000.00 | N/A | \$2,125.00 | N/A |
| Sub-total | \$21,950.00 | \$21,400.00 | N/A | \$3,325.00 | N/A |
| Total for all systems | \$387,330.00 | \$357,855.40 | N/A | \$170,219.13 | N/A |

## Components

\(\left.$$
\begin{array}{l|ll}\hline \begin{array}{l}\text { MVPD Notification of Channel } \\
\text { Change }\end{array} & \text { Component Description: } & \begin{array}{l}\text { Prepare letters to } \\
\text { MVPDs }\end{array}
$$ <br>

\$ 1,200.00\end{array}\right]\)| Amount: |
| :--- |

Total for all systems $\quad \$ 387,330.00 \quad \$ 357,855.40 \quad \$ 170,219.13$

## Reimbursemefriestatus

The facility has ceased operating on its preauction channel.

Construction of final facilities or all necessary modifications are complete.

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.

## Response

Yes

Yes

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. |$\quad$| CHRIS L |
| :--- |
| I declare, under penalty of perjury, that I am <br> an authorized representative of the above- <br> named applicant for the Authorization(s) |
| MAVROS <br> specified above. |
| D.E., <br> Christian |


| Certification | Section | Question | Response |
| :---: | :---: | :---: | :---: |
|  | Submission of Actual <br> Cost Documentation <br> 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. <br> 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 abovenamed applicant for the Authorization(s) specified above. | CHRIS L MAVROS D.E., <br> Christian <br> Television <br> Network <br> 09/10/2020 |


3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the abovenamed 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 abovenamed applicant for the Authorization(s) specified above.

CHRIS L MAVROS
D.E., Christian Television

Network

Attachments

