



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **166510** | Service: **DTV** | Call **KPJR-TV** | Channel: **17 (UHF)** |  
ID:  
File **0000026745**  
Number:  
FRN: **0004346060** | Date **09/01**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

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

## 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
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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.	Yes
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. Replace mask filter. test

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DCX 2
	Year	2009
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 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-U18
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	30 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	discionnects, labor

<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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 install

**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	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	ATC
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	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	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Broadband Panel
	Number of Stations Supported	3
	Number of Panels	14
	Design power capacity in use	80.0 %
	Lower Limit	470.00 MHz

Upper Limit	800.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	633.0 kW
Manufacturer	Dielectric
Model	TUD-C5-14 /70H-2-B
Year	2000

**Facility ID's and Call Signs of  
all stations with whom the  
antenna is shared.**

Facility ID	Call Sign
68695	KPXC-TV
38375	KDEN-TV

**Primary  
Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number
17
18

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) .....	240.0 kW
	Manufacturer	
	Model	SWEDM12
	Year	2017
	Justification for New Antenna	remain on the air until testing

## Interim Antenna

### Other Antenna Costs

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	No

## Interim Antenna

### Other Antenna Cost Not Listed

Name	Description
combiner	install

Transmission Line	Section	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Interim Transmission Line	New 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	600 feet per run
		Justification for New Transmission Line	remain on the air until testing

Interim Transmission Line	Other Transmission Line Expenses Not Listed	
	Name	Description
	Field Cuts	Field Cuts

**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?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1254146
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	40° 05' 59.0" N-
	Longitude (NAD83)	104° 54' 04.0" W-
	Overall Structure Height	1158.78 feet
	Support Structure Height	996.71 feet
	Ground Elevation Above Mean Sea Level (AMSL)	5089.83 feet
	Structure Type	GTOWER - Guyed

		Structure Used for Communication Purposes
	Tower Owner	American Towers, LLC
	Date Constructed	07/14/2016

**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
38375	KDEN-TV	DTV
68695	KPXC-TV	DTV

**Primary  
Tower**

#### **Tower Rigging Costs**

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

**Primary  
Tower**

#### **Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	95
	Explanation	American Tower
<b>Outside RF consulting Engineering Services</b>	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
<b>Attorney and Other Outside Consulting Services</b>	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
<b>RF Field Engineering Services</b>	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 Services Costs** If wireless is not provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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## 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
<b>Primary Transmitter HPTV-PRLX-U18</b>	<b>\$2,490,865.00</b>	<b>\$1,505,870.25</b>		<b>\$826,930.75</b>	
install	<i>\$45,000.00</i>	\$45,000.00	quoted installation	\$45,000.00	N/A
Other Electrical Service: discionnects, labor	<i>\$25,865.00</i>	\$25,865.00	quoted	\$0.00	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$900,000.00	N/A	\$246,925.50	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$535,005.25	***System Notice: Estimate adjusted and locked because line has been superseded.***	\$535,005.25	N/A
<b>Sub-total</b>	<b>\$2,490,865.00</b>	<b>\$1,505,870.25</b>	<b>N/A</b>	<b>\$826,930.75</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$3,158,855.00</b>	<b>\$1,877,079.59</b>	<b>N/A</b>	<b>\$932,166.99</b>	<b>N/A</b>

### Components

Actual Information	
Description	File Name

install	<b>Component Description:</b>	Installation of Hitachi xmitter
	<b>Amount:</b>	\$40,000.00
	<b>Component Description:</b>	balance
	<b>Amount:</b>	\$5,000.00
Other Electrical Service: discionnects, labor	Information not provided.	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	<b>Component Description:</b>	30% 7 days prior
	<b>Amount:</b>	\$246,925.50
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<b>Component Description:</b>	part of the 35% deposit.
	<b>Amount:</b>	\$18,583.25
	<b>Component Description:</b>	35% deposit
	<b>Amount:</b>	\$269,496.50
	<b>Component Description:</b>	30% due after 60 days
	<b>Amount:</b>	\$246,925.50

## 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
<b>Interim Antenna SWEDM12</b>	<b>\$224,650.00</b>	<b>\$112,000.00</b>		<b>\$23,745.00</b>	
combiner	<i>\$12,000.00</i>	\$12,000.00	American Tower	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$20,000.00	N/A	\$0.00	N/A
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$80,000.00	N/A	\$23,745.00	N/A
<b>Primary Antenna TUD-C5-14 /70H-2-B</b>	<b>\$103,230.00</b>	<b>\$70,815.34</b>		<b>\$56,969.43</b>	
Elbow complex, single channel, at antenna input, per 6	\$12,300.00	\$6,000.00	N/A	\$0.00	N/A

1/8.  
feedline (if  
needed)

New combiner, cost per channel (without antenna)	\$84,200.00	\$58,815.34	N/A	\$56,969.43	N/A
Sweep test of existing antenna	\$6,730.00	\$6,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$327,880.00	\$182,815.34	N/A	\$80,714.43	N/A
<b>Total for all systems</b>	\$3,158,855.00	\$1,877,079.59	N/A	\$932,166.99	N/A

## Components

Actual Information	
Description	File Name
combiner	Information not provided.
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	<div> <b>Component Description:</b> deposit  <b>Amount:</b> \$23,745.00 </div> <div> <b>Component Description:</b> Field cut  <b>Amount:</b> \$3,257.36 </div>
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
New combiner, cost per channel (without antenna)	<div> <b>Component Description:</b> combiner  <b>Amount:</b> \$56,969.43 </div>

Sweep test of existing antenna	Information not provided.
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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	\$60,400.00	\$57,000.00		\$16,340.61	
Field Cuts	<i>\$25,000.00</i>	\$25,000.00	Field cut sections	\$3,257.36	N/A
Flexible Air Transmission Line - dielectric, 3"	\$35,400.00	\$32,000.00	N/A	\$13,083.25	N/A
Sub-total	\$60,400.00	\$57,000.00	N/A	\$16,340.61	N/A
Total for all systems	\$3,158,855.00	\$1,877,079.59	N/A	\$932,166.99	N/A

Components

Actual Information	
Description	File Name
Field Cuts	<div>Component Description:Field cuts</div> <div>Amount:\$3,257.36</div>
Flexible Air Transmission Line - dielectric, 3"	<div>Component Description:50% deposit on Aux line.</div> <div>Amount:\$13,083.25</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 GTOWER	\$210,500.00	\$85,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$85,000.00	N/A	N/A	N/A
Sub-total	\$210,500.00	\$85,000.00	N/A	\$0.00	N/A
Total for all systems	\$3,158,855.00	\$1,877,079.59	N/A	\$932,166.99	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
<b>Outside Professional Services</b>	<b>\$56,715.00</b>	<b>\$40,250.00</b>		<b>\$3,050.00</b>	
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	\$2,250.00	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
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	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	\$2,630.00	\$2,500.00	N/A	N/A	N/A

or review  
reimbursement  
form

Project management of the transition	\$15,010.00	\$1,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$56,715.00	\$40,250.00	N/A	\$3,050.00	N/A
<b>Total for all systems</b>	\$3,158,855.00	\$1,877,079.59	N/A	\$932,166.99	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.
Prepare request for Special Temporary Authorization	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	Information not provided.

Form 2100, Construction Permit Application	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<div> <b>Component Description:</b> engineering for FCC CP, 2100</div> <div> <b>Amount:</b> \$1,750.00</div>
Perform engineering study for new channel assignment and antenna development	<div> <b>Component Description:</b> interference analysis for re-pack</div> <div> <b>Amount:</b> \$650.00</div> <div> <b>Component Description:</b> Further interference study for re-pack</div> <div> <b>Amount:</b> \$650.00</div>
Prepare and or review reimbursement form	Information not provided.
Project management of the transition	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	\$12,495.00	\$6,144.00		\$5,131.20	
Non-zoning permits	<i>\$750.00</i>	\$750.00	American Tower	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,204.00	N/A	\$5,131.20	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Sub-total	\$12,495.00	\$6,144.00	N/A	\$5,131.20	N/A
Total for all systems	\$3,158,855.00	\$1,877,079.59	N/A	\$932,166.99	N/A

Components

Actual Information Description	File Name
Non-zoning permits	Information not provided.
DTV Medical Facility Notification	Component Description: DTV medical Amount: \$5,131.20
FCC Filing Fees - Special Temporary Authorization request	Information not provided.

**Cost  
Information****Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$3,158,855.00	\$1,877,079.59	\$932,166.99

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> <li>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</li> </ol>	

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.

**Steve Hastings**  
*Network RF Manager*

09/01/2020

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"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>4. The above-named entity acknowledges the submission of the information herein</li> </ol>	



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

<p>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><b>Steve Hastings</b>  <i>Network RF Manager</i></p> <p>09/01/2020</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"> <li>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.</li> <li>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.</li> <li>3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-</li> </ol>	

<p>named entity, including any discounts, refunds, or rebates.</p> <p>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.</p> <p>5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</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><b>Steve Hastings</b>  <i>Network RF Manager</i></p> <p>09/01/2020</p>

## Attachments