



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **24582** | Service: **DTV** | Call **WHLV-TV** | Channel: **32 (UHF)** |
ID: | Sign:
File **0000027962**
Number:
FRN: **0004346060** | Date **03/29**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---|-----------------------------|-----------------------------|--------------------|
| TRINITY BROADCASTING OF TEXAS, INC. Doing Business As: TRINITY BROADCASTING NETWORKS | 13600 Heritage Parkway Suite 200 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 |
|--|--|--|
| 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. 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 | Sigma |
| | Year | 2005 |
| | 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 | Harris no longer supports the Sigma. see attached |

**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 | breakers, 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? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter

Other Transmitter Cost Not Listed

| Name | Description |
|---------|----------------------|
| 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 | Retune Existing |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Leased |
| | Owner | American Tower |
| | 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 | Top Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 4 |
| | Number of Panels | 12 |
| | 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) | 1000.0 kW |
| Manufacturer | Dielectric |
| Model | TUD-C5SP-16/56H-2-B |
| Year | 2000 |

Primary Antenna

Adjustment to Existing Antenna

| Section | Question | Response |
|--------------------------------|---|----------|
| Sweep Test of Existing Antenna | Do you need a sweep test of existing antenna? | Yes |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|-----------------------------|--|-------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | Yes |
| | Type | Additional Module |
| | Number of channels supported | 1 |
| | Frequencies of channels supported | RF channel |
| | Frequency | N/A |

Enter a list of RF channel numbers.

RF Channel Number

32

Primary
Antenna

Other Antenna Cost Not Listed

| Name | Description |
|------------------|------------------|
| combiner install | Combiner install |

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 | Elliptical |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels/Bays | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Design power capacity in use | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 240.0 kW |

| | |
|-------------------------------|--|
| Manufacturer | |
| Model | TFU-24WB |
| Year | 2017 |
| Justification for New Antenna | REMAIN ON THE AIR DURING TESTING |

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

| Name | Description |
|------------------|------------------|
| Combiner Install | Combiner Install |

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 | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Leased |
| | Owner | American Tower |
| | 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 | |
| | Type | Rigid |
| | Diameter | 7 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | Broadband |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1000 feet per run |

Primary
Transmission Line

New Transmission Line

| Section | Question | Response |
|-----------------------------|---|-------------------|
| New Transmission Line Costs | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 8 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | Broadband |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1000 feet per run |
| | Justification for New Transmission Line | required |

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

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 | Rigid |
| | Diameter | 8 3/16 inches |
| | Segment Length | Broadband |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 1000 feet per run |
| | Justification for New Transmission Line | remains on the air during testing |

Interim
Transmission Line

Other Transmission Line Expenses Not Listed

| Name | Description |
|-----------|-------------|
| FIELD CUT | field cut |

**Tower
Equipment
And
Rigging
Costs**

| Section | Question | Response |
|--|---|----------|
| Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? | No |

**Outside
Professional Services Costs**

| Section | Question | Response |
|--|--|----------------|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 10 |
| | Explanation | American Tower |
| 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 | 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 | 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 | 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 | Yes |
| | 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 costs are 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 | Yes |
| | 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-U18 | \$1,032,000.00 | \$978,005.00 | | \$816,901.00 | |
| Other Electrical Service: breakers, labor | <i>\$50,000.00</i> | \$50,000.00 | quoted | N/A | N/A |
| install | <i>\$35,000.00</i> | \$35,000.00 | quoted installation | \$35,000.00 | N/A |
| UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW | \$947,000.00 | \$893,005.00 | N/A | \$781,901.00 | N/A |
| Sub-total | \$1,032,000.00 | \$978,005.00 | N/A | \$816,901.00 | N/A |
| Total for all systems | \$2,337,000.00 | \$1,346,419.00 | N/A | \$866,291.91 | N/A |

Components

| Actual Information | |
|---|---|
| Description | File Name |
| Other Electrical Service: breakers, labor | Information not provided. |
| install | Component Description: xmitter install Amount: \$35,000.00 |

| | | |
|---|-------------------------------|--|
| UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW | | |
| | Component Description: | 35% deposit, 30% 60 days and 30% prior to shipping |
| | Amount: | \$742,805.95 |
| | | |
| | Component Description: | 5% proof |
| | Amount: | \$39,095.05 |

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 TFU-24WB | \$256,880.00 | \$171,700.00 | | \$16,925.01 | |
| UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized | \$227,000.00 | \$150,000.00 | N/A | \$16,925.01 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,700.00 | N/A | N/A | N/A |
| 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 |
| Combiner Install | \$0.00 | \$0.00 | N/A | \$0.00 | Placeholder - FCC IT Technical Support |

| | | | | | |
|--|-----------------------|-----------------------|------------|---------------------|------------|
| Primary Antenna TUD-C5SP-16/56H-2-B | \$113,230.00 | \$73,000.00 | | \$16,987.50 | |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | \$12,300.00 | \$4,000.00 | N/A | N/A | N/A |
| combiner install | \$10,000.00 | \$10,000.00 | N/A | \$1,987.50 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$5,000.00 | N/A | \$2,500.00 | N/A |
| Adding a module to existing combiner (without antenna) | \$84,200.00 | \$54,000.00 | N/A | \$12,500.00 | N/A |
| Sub-total | \$370,110.00 | \$244,700.00 | N/A | \$33,912.51 | N/A |
| Total for all systems | \$2,337,000.00 | \$1,346,419.00 | N/A | \$866,291.91 | N/A |

Components

| Actual Information | |
|---|--|
| Description | File Name |
| UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized | Component Description: antenna cap3 plus tax Amount: \$16,925.01 |
| Sweep test of existing antenna | Information not provided. |

| | |
|--|---|
| Side mount brackets for high power antennas (if not included in antenna base cost) | Information not provided. |
| Combiner Install | Component Description: Combiner install cap 1 Amount: \$1,987.50 |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | Information not provided. |
| combiner install | Component Description: combiner install cap 3 Amount: \$1,987.50 |
| Sweep test of existing antenna | Component Description: sweep cap 3 Amount: \$2,500.00 |
| Adding a module to existing combiner (without antenna) | Component Description: combiner cap3 Amount: \$12,500.00 |

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 | \$404,000.00 | \$45,000.00 | | \$9,150.00 | |
| FIELD CUT | <i>\$5,000.00</i> | \$5,000.00 | N/A | \$0.00 | N/A |
| Rigid Transmission Line - copper, 8 3/16" broadband | \$399,000.00 | \$40,000.00 | N/A | \$9,150.00 | N/A |
| Primary Transmission Line | \$399,000.00 | \$0.00 | | \$0.00 | |
| Rigid Transmission Line - copper, 8 3/16" broadband | \$399,000.00 | \$0.00 | N/A | N/A | N/A |
| Sub-total | \$803,000.00 | \$45,000.00 | N/A | \$9,150.00 | N/A |
| Total for all systems | \$2,337,000.00 | \$1,346,419.00 | N/A | \$866,291.91 | N/A |

Components

| Actual Information | |
|---|--|
| Description | File Name |
| FIELD CUT | Information not provided. |
| Rigid Transmission Line - copper, 8 3/16" broadband | <div>Component Description: Aux line cap 3</div> <div>Amount: \$9,150.00</div> |

| | |
|--|---------------------------|
| Rigid Transmission Line - copper, 8 3/16" broadband | Information not provided. |
|--|---------------------------|

Cost Information

Tower Equipment and Rigging Costs

Information not provided.

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Outside Professional Services | \$119,590.00 | \$72,750.00 | | \$1,250.00 | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$1,250.00 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Project management of the transition | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$40,000.00 | N/A | N/A | N/A |

| | | | | | |
|--|----------------|----------------|-----|--------------|-----|
| 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 - 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 |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |
| Sub-total | \$119,590.00 | \$72,750.00 | N/A | \$1,250.00 | N/A |
| Total for all systems | \$2,337,000.00 | \$1,346,419.00 | N/A | \$866,291.91 | N/A |

Components

Actual Information

Description

File Name

| | |
|--|---|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| Perform engineering study for new channel assignment and antenna development | Component Description: Amount: |
| | engineering cap 3 \$1,250.00 |
| Prepare and or review reimbursement form | Information not provided. |
| Project management of the transition | Information not provided. |
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| 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 - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| Prepare request for Special Temporary Authorization | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover 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 | \$12,300.00 | \$5,964.00 | | \$5,078.40 | |
| Non-zoning permits | <i>\$750.00</i> | \$750.00 | American Tower | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$5,214.00 | N/A | \$5,078.40 | N/A |
| Sub-total | \$12,300.00 | \$5,964.00 | N/A | \$5,078.40 | N/A |
| Total for all systems | \$2,337,000.00 | \$1,346,419.00 | N/A | \$866,291.91 | N/A |

Components

| Actual Information Description | File Name |
|-----------------------------------|---|
| Non-zoning permits | Information not provided. |
| DTV Medical Facility Notification | <div>Component Description:med</div> <div>Amount:\$5,078.40</div> |

| | | | |
|-------------------------|------------------------------|------------------------------------|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$2,337,000.00 | \$1,346,419.00 |
| | | | \$866,291.91 |

| | | |
|-----------------------------|--|-----------------|
| 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>03/29/2021</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>Steve Hastings <i>Network RF Manager</i></p> <p>03/29/2021</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

03/29/2021

Attachments