

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

21149 Service: DCA Channel: 19 (UHF) Facility Call **KAJN-CD** Sign:

0000028886

Number:

ID:

File

FRN: 0003756145 Date 07/30

> Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------------|-------------------------------|-------------------|
| AGAPE BROADCASTERS, INC. Doing Business As: AGAPE BROADCASTERS, INC. | David Thompson P.O. BOX 1469 CROWLEY, LA 70527 United States | +1 (337) 783- 1560 | davidt@familyvisiontv. com | Corporation |

Reimbursement Contact Name and Information Reimbursement Contact 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 | THIS AMENDMENT REFLECTS THE STATION DECISION TO INSTALL A SINGLE CHANNEL ANTENNA FOR CH 19 TO REDUCE COST BY \$137,610.00 AND CONTROL TPO REQUIREMENT. EXISTING XMTR AND ANTENNA NOT |

Transmitters Section

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

RETUNABLE. STATION FEEDS CABLE

HEAD ENDS OFF AIR.

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 | |
| Manufacturer and Type | Model | AT7800 |
| | Year | 2009 |
| | Туре | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 1 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 | TMU9 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 1.8 kW |
| | Justification for New Transmitter | Current transmitter not supported by manufacturer for parts availability. |

Primary Transmitter

Other Transmitter Costs

| Section | Question | Response |
|--------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | No |
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | No |

| | Description | N/A |
|---|--|-----|
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Туре | 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 Transmitter

Other Transmitter Cost Not Listed

| Name | Description |
|-----------------|---|
| TBD-Transmitter | FIVE DAYS INSTALLING AND TESTING TRANSMITTER. PROOF |

Antennas

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

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? | No |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna | Class | Class A |
| Manufacturer and Type | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Туре | 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) | 15.0 kW |

| Manufacturer | |
|--------------|------------|
| Model | SHI2010-32 |
| Year | 2000 |

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? | No |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna | Class | Class A |
| Manufacturer and Types | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Elliptical |
| | Туре | 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) | 15.0 kW |
| | Manufacturer | |
| | | ' |

| Model | PSILPD24OI- 19-EP |
|-------------------------------|---------------------------------|
| Year | 2018 |
| Justification for New Antenna | OLD ANTENNA CAN NOT BE RETUNED. |

Other Antenna Costs

| Section | Question | Response |
|--------------------------------|---|---------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | No |
| | Туре | |
| | 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 | 3 1/8 inches inches |
| 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 |

Other Antenna Cost Not Listed

Information not provided.

| Transmission | n ^s entien | Question | Response |
|--------------|---------------------------------------|---|----------|
| | Transmission Line Related Expenses | Do you have transmission line related expenses? | No |

Tower
Equipment
And
Rigging
Costs

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

Primary Tower

Existing Tower

| Section | Question | Response |
|--------------------------------|---|---|
| Existing Tower | Type of change | Move Equipment |
| Description | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership Leas | Leased |
| | 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? | Unknown |
| | Is tower compliant with Rev G? | Primary (Main) N/A Leased No No N/A N/A Unknown Unknown Yes 1020854 30° 02' 55.0" N- 091° 59' 49.0" W- 583.98 feet |
| Existing Tower | Do you have a tower registration number? | Yes |
| Structure Registration | ASR Number | 1020854 |
| Coordinates (| Latitude (NAD83) | 30° 02' 55.0" N- |
| NAD83 (North American Datum | Longitude (NAD83) | 091° 59' 49.0" W- |
| of 1983)) | Overall Structure Height | 583.98 feet |
| | Support Structure Height | 583.98 feet |

| Ground Elevation Above Mean Sea Level (AMSL) | 20.01 feet |
|--|--|
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | CALS COMMUNICATIONS SERVICE INC |
| Date Constructed | 10/15/1992 |

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

| Name | Description |
|---------------|--|
| TOWER RIGGING | EXPENSE TO REMOVE EXISTING SHIVELY 32 SLOT AND INSTALL NEW 24 SLOT |

Outside Professional

| Section | Question | Response |
|--|--|----------|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| Services | Number of Hours | 100 |
| | Explanation | Yes |
| 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 | 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 |
| JGI VILGS | 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 | Yes |
| RF Field Engineering Services Comprehensive coverage verification via field study | No | |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | Yes |
| | Number of Days | 5 |
| | Justification | TRANSMITTER INSTALLATION, PROOF AND TESTING |

Outside

Other Professional Services Expenses Not Listed

Professional Services Costsided.

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 | Yes |
| | FCC Special Temporary Authority Application | No |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | Yes |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes |
| | Does this relocation require Equipment Storage? | Yes |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | Yes |
| | Does this relocation require MVPD Notification of a Channel Change? | Yes |

Other Expenses Not Listed

Expenses Information not provided.

Cost Information

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|--------------------------------|-------------------|--|--------------|------------------------------|
| Primary Transmitter TMU9 | \$126,000.00 | \$68,240.65 | | \$68,240.65 | |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$126,000.00 | \$68,240.65 | SJ Ramer Associates Quote 1820R | \$68,240.65 | N/A |
| TBD- Transmitter | \$0.00 | \$0.00 | N/A | N/A | N/A |
| Sub-total | \$126,000.00 | \$68,240.65 | N/A | \$68,240.65 | N/A |
| Total for all systems | \$505,505.00 | \$229,215.65 | N/A | \$111,390.65 | N/A |

Components

| Actual Information Description | File Name | |
|--|---------------------------------|---|
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | Component Description: Amount: | Repack related invoice for KAJN post transition Channel 19. \$30,743.65 |
| | Component Description: Amount: | FCC Repack Related Invoice, Broadcast Transmitter System TMU9-3, 1800W UHF transmitter. \$37,497.00 |

| _ | _ | _ | _ | | | | _ | |
|---|--------|------------------|-----|----|-----|---|------|----|
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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).

| | | | Estimated | | |
|--|---------------|--------------|---|--------------|---------------|
| | Predetermined | Estimated | Cost | | Actual Cost |
| Description | Cost Estimate | Cost | Justification | Actual Cost | Justification |
| Primary Antenna PSILPD24OI- 19-EP | \$40,630.00 | \$43,650.00 | | \$37,650.00 | |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | \$7,600.00 | \$3,000.00 | N/A | \$3,000.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,000.00 | N/A | N/A | N/A |
| UHF - Lower Power Side Mount, Class A One Station antenna basic | \$26,300.00 | \$34,650.00 | SEE ATTACHED QUOTE. THE EXISTING SHIVELY ANTENNA IS A 32 SLOT. THIS IS A REDUCTION TO A 24 SLOT ANTENNA | \$34,650.00 | N/A |
| Sub-total | \$40,630.00 | \$43,650.00 | N/A | \$37,650.00 | N/A |
| Total for all systems | \$505,505.00 | \$229,215.65 | N/A | \$111,390.65 | N/A |

Components

| Actual Information Description | File Name | |
|--|---------------------------------|--|
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | Component Description: Amount: | New Primary Antenna, Elbow Complex \$3,000.00 |
| Sweep test of existing antenna | Information not provided. | |
| UHF - Lower Power Side Mount, Class A One Station antenna basic | Component Description: Amount: | 24-Bay UHF Digital Slot Antenna for Channel 19 \$34,650.00 |

Transmission Line Cost

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 Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--------------------------------------|--------------------------------|-------------------|------------------------------------|--------------|------------------------------|
| Primary Tower TOWER | \$235,500.00 | \$25,000.00 | | \$0.00 | |
| Tall Tower (greater than 500') | \$210,500.00 | \$0.00 | RIGGING | N/A | N/A |
| TOWER RIGGING | \$25,000.00 | \$25,000.00 | N/A | N/A | N/A |
| Sub-total | \$235,500.00 | \$25,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$505,505.00 | \$229,215.65 | N/A | \$111,390.65 | 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).

| | | | Estimated | | |
|--|-----------------------------|----------------|-----------------------|-------------|------------------------------|
| Description | Predetermined Cost Estimate | Estimated Cost | Cost Justification | Actual Cost | Actual Cost Justification |
| Outside Professional Services | \$52,490.00 | \$44,000.00 | | \$4,405.55 | |
| Additional Field Engineering Service, 5 Days | \$7,500.00 | \$7,500.00 | N/A | N/A | N/A |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | 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 engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |

| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$1,750.00 | N/A | N/A | N/A |
|--|--------------|--------------|-----|--------------|-----|
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$2,500.00 | N/A | N/A | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,000.00 | N/A | N/A | N/A |
| Project management of the transition | \$15,800.00 | \$15,000.00 | N/A | \$4,405.55 | N/A |
| Sub-total | \$52,490.00 | \$44,000.00 | N/A | \$4,405.55 | N/A |
| Total for all systems | \$505,505.00 | \$229,215.65 | N/A | \$111,390.65 | N/A |

Components

| Actual Information Description | File Name |
|---|---------------------------|
| Additional Field Engineering Service, 5 Days | Information not provided. |
| Attorney Fees - Negotiation of lease and other matters for shared locations | Information not provided. |

| | Component Description: | Project Management |
|---|---------------------------|-----------------------|
| | Amount: | \$1,063.75 |
| Project management of the transition | Component Description: | Project management |
| Prepare and or review reimbursement form | Information not provided. | |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. | |
| Perform engineering study for new channel assignment and antenna development | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. | |
| Prepare engineering section of 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. | |
| File 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).

| | Predetermined | Estimated | Estimated | | Actual Cost |
|--|---------------|-------------|-----------------------|-------------|---------------|
| Description | Cost Estimate | Cost | Cost Justification | Actual Cost | Justification |
| Other Expenses | \$50,885.00 | \$48,325.00 | | \$1,094.45 | |
| MVPD Notification of Channel Change | \$9,000.00 | \$9,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$3,500.00 | \$3,500.00 | N/A | N/A | N/A |
| Equipment Storage | \$3,500.00 | \$3,500.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$9,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| Non-zoning permits | \$3,500.00 | \$3,500.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$7,500.00 | \$7,500.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$12,000.00 | \$12,000.00 | N/A | \$1,094.45 | N/A |

| Sub-total | \$50,885.00 | \$48,325.00 | N/A | \$1,094.45 | N/A |
|-----------------------|--------------|--------------|-----|--------------|-----|
| Total for all systems | \$505,505.00 | \$229,215.65 | N/A | \$111,390.65 | N/A |

Components

| Actual Information Description | File Name | | |
|--|--------------------------------|---|--|
| MVPD Notification of Channel Change | Information not provided. | | |
| Develop and air announcement of upcoming channel change | Information not provided. | | |
| Equipment Storage | Information not provided. | | |
| DTV Medical Facility Notification | Information not provided. | | |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. | | |
| Non-zoning permits | Information not provided. | | |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. | | |
| Equipment Delivery and Handling Charges | Component Description: Amount: | New Primary Antenna, Freight \$1,094.45 | |

Cost Information

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|--------------|
| Total for all systems | \$505,505.00 | \$229,215.65 | \$111,390.65 |

| Reimburseme | entestiatus | Response |
|-------------|--|----------|
| | The facility has ceased operating on its pre- auction channel. | No |
| | Construction of final facilities or all necessary modifications are complete. | No |
| | 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 |

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.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. David Thompson Station Manager

07/30/2018

Attachments