Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **70415** | Service: **DCA** | Call Sign: **WZXZ-CD** | Channel: **20 (UHF)**

File Number: **0000027560**

FRN: **0014037857** | Date Submitted: **04/07/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
L4 MEDIA GROUP, LLC Doing Business As: L4 MEDIA GROUP, LLC	PO Box 60606 Suite 2450 Chicago, IL 60606 United States	+1 (612) 202-4980	ssaldana@sktytrading.com	Limited Liability Company

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
Joseph L. Snelson , Jr . *Technical Consultant* *Meintel, Sgrignoli & Wallace*	1282 Smallwood Drive, Suite 372 Waldorf, MD 20603 United States	+1 (303) 344-8037	joe.snelson@mswdtv.com

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	Current transmission system consists of a single transmitter feeding a flexible transmission line which connects to an antenna on the tower. Work includes tower study/rehabilitation to support new antenna, mounting antenna and retuning transmitter.

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	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	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	Elettronika
	Model	TXUD1000

	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.0 kW

Primary Transmitter

Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	3 kW
	Other Power	N/A
New Exciter	Is a new exciter needed?	No

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
	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 Transmitter

Other Transmitter Cost Not Listed

Information not provided.

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	No

Transmission Line

Section	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 Description	Type of change	Modify Existing
	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	Yes
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes

	ASR Number	1034290
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	28° 34' 07.8" N-
	Longitude (NAD83)	081° 13' 53.8" W-
	Overall Structure Height	359.90 feet
	Support Structure Height	359.90 feet
	Ground Elevation Above Mean Sea Level (AMSL)	73.16 feet
	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Lovelace Tower, Inc.
	Date Constructed	03/11/2005

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
10549	WRCF-CD	DTV

Other Types of Users

Users
LPFM

Primary Tower

Tower Modification Costs

Section	Question	Response

Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Applicant has no internal resources capable of overseeing, identifying, purchasing, installing and commissioning this repack project. It will rely solely on outside services to manage all work required.
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
	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	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

Name	Description
Progress Reporting	Prepare and file 9 required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.
MSW reports	MSW services to prepare files for FCC reporting post repack

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	Yes
	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?	No

Other Expenses

Other Expenses Not Listed

Name	Description
Construction Drawings	Provide construction drawing set for local building permit

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 TXUD1000	**$109,355.00**	**$19,340.00**		**$19,340.00**	
UHF and VHF - minor banding issues	$105,200.00	$15,000.00	N/A	$15,000.00	N/A
3 kW mask filter	$4,155.00	$4,340.00	the predetermined budget did not equal the actual expense	$4,340.00	N/A
Sub-total	$109,355.00	$19,340.00	N/A	$19,340.00	N/A
Total for all systems	$567,240.00	$336,883.75	N/A	$100,031.41	N/A

Components

Actual Information Description	File Name	
UHF and VHF - minor banding issues	**Component Description:**	TRANSMITTER - UHF and 15,000.00 15,000.00 VHF - MINOR BANDING ISSUES - TRANSMITTER SERVICES
	Amount:	$15,000.00

3 kW mask filter	**Component Description:** **Amount:**	mask filter $4,340.00

Cost Information

Antennas

Information not provided.

Cost Information

Transmission Line

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	**$268,500.00**	**$188,000.00**		**$6,420.00**	
Minor tower reinforcement /modifications	$158,000.00	$100,000.00	N/A	N/A	N/A
Short Tower (less than 500')	$84,200.00	$63,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	$26,300.00	$25,000.00	N/A	$6,420.00	N/A
Sub-total	$268,500.00	$188,000.00	N/A	$6,420.00	N/A
Total for all systems	$567,240.00	$336,883.75	N/A	$100,031.41	N/A

Components

Actual Information Description	File Name
Minor tower reinforcement /modifications	Information not provided.
Short Tower (less than 500')	Information not provided.
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	**Component Description:** Structural engineering pro-rated portion. **Amount:** $1,500.00 **Component Description:** this POR request two line items, each invoiced separately, see ATC invoices 460204809 & 460204897 **Amount:** $6,480.00 **Component Description:** ATC application fee **Amount:** $4,920.00

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	**$157,800.00**	**$102,313.75**		**$61,376.41**	
Comprehensive coverage verification via field study, if needed	$84,200.00	$30,000.00	N/A	$30,000.00	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	$3,776.25	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

Perform engineering study for new channel assignment and antenna development	$7,360.00	$8,413.75	additional RF modeling was required due to congestion in the DMA	$8,413.75	Additional RF modeling was required due to congestion in the DMA
Progress Reporting	***$18,000.00***	$18,000.00	Prepare and file 9 required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.	$1,192.50	N/A
MSW reports	***$1,650.00***	$1,650.00	N/A	$1,523.75	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	$31,600.00	$30,000.00	N/A	$13,753.91	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	$3,155.00	$3,000.00	N/A	$2,716.25	N/A
Sub-total	$157,800.00	$102,313.75	N/A	$61,376.41	N/A
Total for all systems	$567,240.00	$336,883.75	N/A	$100,031.41	N/A

Components

Actual Information Description	File Name	
Comprehensive coverage verification via field study, if needed	**Component Description:** **Amount:**	FIELD TESTING $30,000.00
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	**Component Description:** **Amount:**	WZXZ-CD Orlando, FL Prepare initial budgets, equipment list, and determine equipment replacements for new repack channel; Prepare FCC Form 2100 Schedule 399 Budget and Narrative for filing in initial CP Filing Window. 14.25 hours $3,776.25
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	

Perform engineering study for new channel assignment and antenna development	**Component Description:**	Conduct Study for alternative antenna; Prepare and File FCC Modification of Construction Permit Application Form 2100; Prepare TPO and Tech Summary Calculations for WZXZ-CD
	Amount:	$1,987.50
	Component Description:	WZXZ-CD Orlando, FL Conduct TVStudy analysis of initial channel assignment and analyze interference issues with new repack channel. 16.5 hours
	Amount:	$5,830.00
	Component Description:	WZXZ-CD Orlando, FL Develop azimuth antenna patterns and determine antenna required for FCC Form 2100 Construction Permit Application for initial Repack Channel CP Filing. 5.5 hours
	Amount:	$1.00
	Component Description:	Conduct Study and Analyze Potential early transition date for WZXZ-CD
	Amount:	$596.25

Progress Reporting	**Component Description:** **Amount:**	Prepare FCC Form 387 Repack Progress Report Filing $1,192.50
MSW reports	**Component Description:** **Amount:**	RF consulting services to prepare and file form 2100, 387 and temporary authority application. $1,523.75
Prepare and or review reimbursement form	Information not provided.	
Project management of the transition	**Component Description:** **Amount:**	Project management, lease modification and installation planning. $750.00
	Component Description: **Amount:**	Project Management services, research and coordination w /rf engineering, equipment vendors and site owners $1,500.00
	Component Description: **Amount:**	Project Management services, research and coordination w /rf engineering, equipment vendors and site owners $2,250.00

Component Description:	PROJECT MANAGEMENT SERVICES
Amount:	$2,250.00
Component Description:	Project Management services, research and coordination w /rf engineering, equipment vendors and site owners
Amount:	$1,500.00
Component Description:	Project Management services, research and coordination w /rf engineering, equipment vendors and site owners
Amount:	$1,500.00
Component Description:	PROJECT MANAGEMENT SERVICES
Amount:	$1,500.00
Component Description:	PM services, ATC required on site meeting to coordinate with all repacks
Amount:	$4,003.91
Component Description:	This invoice has been replaced with a corrected version
Amount:	$3,983.48

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	**Component Description:**	WZXZ-CD Orlando, FL Prepare technical portions of FCC Form 2100 Construction Permit Application and Engineering Exhibits required to be filed with initial Repack Construction Permit Application - filing window. 10.25 hours
	Amount:	$2,716.25

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	**$31,585.00**	**$27,230.00**		**$12,895.00**	
Disposal Costs (for equipment and other waste, net of any salvage value)	***$1,000.00***	$1,000.00	Applicant will be required to dispose of the current pre-repack antenna and parts that were replaced for transmitter retuning. The exact costs are not known at this time.	N/A	N/A

Local Zoning	***$2,000.00***	$2,000.00	It is currently unknown what the local zoning authority or city/county may levy on applicant to perform the tower work required. It is felt this estimate should cover the associated costs for any required permits.	$1,000.00	N/A
Non-zoning permits	***$2,000.00***	$2,000.00	It is currently unknown what the city or county may levy on applicant in terms of a building permit to perform the tower work required. It is felt this estimate should cover the associated costs for any required permits.	N/A	N/A

Construction Drawings	***$4,700.00***	$4,700.00	required for building permit process	$4,700.00	N/A
Equipment Storage	***$2,500.00***	$2,500.00	Applicant may receive antenna and transmitter parts prior to set installation dates. There is no on-site storage available and applicant may be forced to use outside temporary storage facilities.	N/A	N/A
Equipment Delivery and Handling Charges	***$5,000.00***	$5,000.00	There will be shipping charges for the antenna and transmitter costs. Precise costs will not be known until the carrier issues an invoice. Currently, applicant does not estimate costs to be more than this estimate.	N/A	N/A

FCC Filing Fees - Form 2100 license to cover application	$335.00	$335.00	the fcc changed the fee	$0.00	N/A
DTV Medical Facility Notification	$11,550.00	$7,195.00	N/A	$7,195.00	BUDGET WAS ESTIMATED BEFORE WE RECEIVED THE ACTUAL QUOTE FROM THE VENDOR
Develop and air announcement of upcoming channel change	***$2,500.00***	$2,500.00	It is required that the applicant give notification to viewers of the repack channel change. Applicant has limited internal resources to create and produce such notifications and will most likely have to obtain the services from an outside vendor.	N/A	N/A
Sub-total	$31,585.00	$27,230.00	N/A	$12,895.00	N/A
Total for all systems	$567,240.00	$336,883.75	N/A	$100,031.41	N/A

Components

Actual Information Description	File Name	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
Local Zoning	**Component Description:** **Amount:**	Permit application fee $1,000.00
Non-zoning permits	Information not provided.	
Construction Drawings	**Component Description:** **Amount:**	construction drawing set $4,700.00
Equipment Storage	Information not provided.	
Equipment Delivery and Handling Charges	Information not provided.	
FCC Filing Fees - Form 2100 license to cover application	**Component Description:** **Amount:**	license fee $335.00
DTV Medical Facility Notification	**Component Description:** **Amount:**	DTV Notification Service Notification of Medical Facilities Transmitter Medical Facility Notification per proposal $7,195.00
Develop and air announcement of upcoming channel change	Information not provided.	

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$567,240.00	$336,883.75	$100,031.41

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	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 above-named applicant for the Authorization(s) specified above.	**Tim Wolak** *Director* 04/07/2021

Certification

Section	Question	Response
Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR 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. 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 above-named applicant for the Authorization(s) specified above.	**Tim Wolak** *Director* 04/07/2021

Certification

Section	Question	Response
Submission of Final Allocation or Accounting Information 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 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.	**Tim Wolak** *Director* 04/07/2021

Attachments