

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

70428 Service: DCA Channel: 18 (UHF) Facility Call **WBXC-CD** Sign:

File 0000027571

Number:

ID:

FRN: 0018223693 Date 04/07

> Submitted: /2021

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email
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@sl com

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone
[Confidential]		

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone
Joseph L. Snelson , Jr . Technical Consultant	1282 Smallwood Drive, Suite 372 Waldorf, MD 20603	+1 (303) 344-803
Meintel, Sgrignoli & Wallace	United States	

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, colocation 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	nlan
DIIGIIV	UESCLINE	แลกรแบบ	viaii

Current transmission syste feeding a flexible transmiss antenna on the tower. Wor to support new antenna, m transmitter.

Transmitters

Section	Question
Transmitter Related Expenses	Do you have transmitter related expenses?

Primary Transmitter

Existing Transmitter Information

Section	Question
Existing Transmitter	Type of change
Description	Use
	Ownership
	Owner
	Is this transmitter currently shared with another station?
	Is this transmitter currently in operating condition?
Existing Transmitter Manufacturer and Type	Manufacturer
	Model
	Year
	Туре
	Solid State Cooling
	Solid State Power capacity

Primary Transmitter

Retuning Transmitter Costs

Section	Question
New IOT Tubes	Number of Tubes (including accessories) needed

New Mask Filter	Power
	Other Power
New Exciter	Is a new exciter needed?

Primary Transmitter

Other Transmitter Costs

Section	Question
Electrical Service	Service Entrance (3 phases 800A 208V)
	Switchgear (industrial 800 amp)
	Transformer (480V)
	Power
	Rigid Conduit and Wiring
	Size
	Length
	Other Electrical Service
	Description
HVAC Service	Does the replacement transmitter require HVAC Service?
	Туре
	Size
	Other Size
Transmitter Building Addition/Modification or	Does the Transmitter Building require an addition, modification, other leashold improvement?
Leasehold Improvement	Size
Channel 14 Costs	Is an RF Consulting Engineer needed?
	Is a channel 14 Mask Filer needed?
	Is additional field engineering time needed?
	Number of Days

Primary Transmitter

Other Transmitter Cost Not Listed

Information not provided.

Antennas

Section	Question
Antenna Related Expenses	Do you have antenna related expenses?

Primary Antenna

Existing Antenna Information

Type of change Antenna Use Description of Use Ownership Owner Site Is the existing antenna shared with another station or stations is the existing antenna directional? Is antenna in operating condition? Is antenna located on or in close proximity to an antenna fam Existing Antenna Manufacturer and Type Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model Year	Section	Question
Antenna Use Description of Use Ownership Owner Site Is the existing antenna shared with another station or stations Is the existing antenna directional? Is antenna in operating condition? Is antenna located on or in close proximity to an antenna fam Existing Antenna Manufacturer and Type Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model	=	Type of change
Ownership Owner Site Is the existing antenna shared with another station or stations. Is the existing antenna directional? Is antenna in operating condition? Is antenna located on or in close proximity to an antenna farm Existing Antenna Manufacturer and Type Class Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Antenna Use
Owner Site Is the existing antenna shared with another station or stations. Is the existing antenna directional? Is antenna in operating condition? Is antenna located on or in close proximity to an antenna fam. Class Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Description of Use
Site		Ownership
Is the existing antenna shared with another station or stations Is the existing antenna directional? Is antenna in operating condition? Is antenna located on or in close proximity to an antenna farm Class Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Owner
Is the existing antenna directional? Is antenna in operating condition? Is antenna located on or in close proximity to an antenna farm Class Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Site
Is antenna in operating condition? Is antenna located on or in close proximity to an antenna farm Class Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Is the existing antenna shared with another station or stations
Is antenna located on or in close proximity to an antenna farm Class Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Is the existing antenna directional?
Existing Antenna Manufacturer and Type Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Is antenna in operating condition?
Manufacturer and Type Mounting Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Is antenna located on or in close proximity to an antenna farm
Antenna position in stack Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Class
Polarization Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model	Manufacturer and Type	Mounting
Type Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Antenna position in stack
Number of Stations Supported Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Polarization
Number of Panels Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Туре
Design power capacity in use Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Number of Stations Supported
Lower Limit Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Number of Panels
Upper Limit Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Design power capacity in use
Other Antenna Type ERP: (Effective Radiated Power) Manufacturer Model		Lower Limit
ERP: (Effective Radiated Power) Manufacturer Model		Upper Limit
Manufacturer Model		Other Antenna Type
Model		ERP: (Effective Radiated Power)
		Manufacturer
Year		Model
		Year

Primary Antenna

New Antenna Costs

Section	Question
New Antenna Description	Use
	Description of Use
	Change Type
	Is this a request for upgraded equipment?
	Ownership
	Owner
	Is antenna shared?
	Is antenna directional?
	Will antenna be located on or in close proximity to an antenna farm?
New Antenna	Class
Manufacturer and Types	Mounting
	Antenna position in stack
	Polarization
	Туре
	Number of Stations Supported
	Number of Panels/Bays
	Lower Limit
	Upper Limit
	Design power capacity in use
	Other Antenna Type
	ERP: (Effective Radiated Power)
	Manufacturer
	Model
	Year

Justification for New Antenna

Primary Antenna Costs

Section	Question
Combiner for Shared	Do you need a Combiner for a Shared Antenna?
Antenna	Туре
	Number of channels supported
	Frequencies of channels supported
	Frequency
	Do you need a combiner output splitter/switcher for dual feed lines?
Elbow Complex	Do you require the separate purchase of the Elbow Complex'
	Broadband or Single Channel?
	Feed Line Size
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?
Sweep Test	Do you require the sweep testing of transmission line and antenna?

Primary Antenna Other Antenna Cost Not Listed

Information not provided.

Transmission Line

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

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

Section	Question
Existing Tower	Type of change
Description	Tower Use
	Description of Use
	Ownership
	Is this tower consider Complex?
	Is this tower currently shared with any other stations?
	One or more FM, AM or TV radio broadcaster(s)
	Others Types of Users
	Is tower documented for structural analysis?
	Is tower compliant with Rev G?
Existing Tower Structure	Do you have a tower registration number?
Registration	ASR Number
Coordinates (NAD83 (Latitude (NAD83)
North American Datum of 1983))	Longitude (NAD83)
	Overall Structure Height
	Support Structure Height
	Ground Elevation Above Mean Sea Level (AMSL)

	Structure Type
	Tower Owner
	Date Constructed

Other Types of Users

Users		
Cellular		
LPFM		

Primary Tower

Tower Modification Costs

Section	Question
Engineering Study	Please what type of engineering study is required, if any:
Tower Reinforcements	Please select whether tower reinforcements are needed:

Primary Tower

Tower Rigging Costs

Section	Question
Tower Rigging Costs	Complex Tower
Helicopter Services Required	Are helicopter services required?

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

Section	Question
Outside Project Management Services	Do you require outside project management services?
	Number of Hours
	Explanation
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development
	Prepare engineering section of Form FCC Construction Perm Application
	For Auxiliary Facility
	For Main Facility
	Prepare engineering section of Form FCC License to Cover Application
	For Auxiliary Facility
	For Main Facility
	Prepare request for Special Temporary Authority
	Quantity
	Do you have Distributed Transmission System engineering services?
	Critical Facility
	Terrain-Shielded Facility
Attorney and Other	Prepare and file Form FCC Construction Permit Application
Outside Consulting Services	For Auxiliary Facility
	For Main Facility
	Prepare and file Form FCC License to Cover Application
	For Auxiliary Facility

	For Main Facility
	Prepare request for Special Temporary Authority
	Quantity
	NEPA Section 106 environmental review
	Environmental Assessment
	ASR Modification
	FAA Consultation (including preparation of FAA Form 7460)
	Negotiation of Lease and other Matter for Shared Locations
	Prepare or Review FCC Form 399 for Reimbursement
	Address transition timing and coordination issues w/ other stations and wireless providers
RF Field Engineering Services	Comprehensive coverage verification via field study
	RF exposure measurements
	Additional Field Engineering Service
	Number of Days
	Justification

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Progress Reporting	Prepare and file 9 required 2100, Schedule 387 on a q
MSW reports	MSW technical services pr

Other Expenses

Section	Question
AM Pattern Disturbance	Is an Impact Study needed?
	Is Remediation needed?
Facility Expenses	Name
	Other Distributed Transmission System Expenses Not listed
	Name
	Is Notification of a Medical Facility required as a result of DT\ broadcasting?
Permit and Filing Costs	Local Zoning
	Non-zoning permits
	BLM or NFS Coordination
	FCC Construction Permit Minor Change
	FCC License to Cover Application
	FCC Special Temporary Authority Application
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?
	Does this relocation require Equipment Storage?
	Does this relocation require the Development and Airing of ar Announcement regarding an upcoming channel change?
	Does this relocation require MVPD Notification of a Channel Change?

Other Expenses

Other Expenses Not Listed

Name	Description
MSW reports	MSW technical services pr

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cos Justification
Primary Transmitter TXUD1000	\$108,230.00	\$18,179.80	
1.5 kW mask filter	\$3,030.00	\$3,179.80	The estimate was outdated and did not include freight expense.

UHF and VHF - minor banding	\$105,200.00	\$15,000.00	N/A
issues			

Sub-total	\$108,230.00	\$18,179.80	N/A
Total for all systems	\$437,251.25	\$260,003.15	N/A

Actual Information Description	File Name	
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1.5 kW mask filter		
	Component Description:	NEW
	Amount:	\$3,17
UHF and VHF - minor banding issues		
	Component Description:	trans
		have
		duplic
		attac
	Amount:	\$15,0
	Component Description:	TRAI
	Component Description.	SER ¹
	Amount:	\$15,0

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cos Justification
Primary Antenna TLP-16H (SP)	\$33,030.00	\$29,500.00	
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A

UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$25,000.00	N/A
Sub-total	\$33,030.00	\$29,500.00	N/A
Total for all systems	\$437,251.25	\$260,003.15	N/A

Actual Information Description	File Name	
Sweep test of existing antenna		
	Component Description:	SWE
	Amount:	\$4,50
	Component Description:	swee
		attac
	Amount:	\$4,50

UHF - Lower Power Side Mount, Class A One Station antenna basic	Component Description: Amount:	freigh \$1,02
	Component Description: Amount:	UHF ANTI \$23,3

Transmission Line

Information not provided.

Cost Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cos Justification
Primary Tower TOWER	\$110,500.00	\$88,000.00	
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
Short Tower (less than 500')	\$84,200.00	\$63,000.00	N/A

Sub-total	\$110,500.00	\$88,000.00	N/A
Total for all systems	\$437,251.25	\$260,003.15	N/A

Actual Information Description	File Name
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	Information not provided.

Short Tower (less than 500')		
	Component Description:	towei
		have
		duplic
		attac
	Amount:	\$63,0
	Component Description:	TOW
	Amount:	\$63,0

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cos Justification
Outside Professional Services	\$157,806.25	\$103,198.35	
Progress Reporting	\$18,000.00	\$18,000.00	Prepare and fil 9 required progress reports on FC(Form 2100, Schedule 387 on a quarterly basis with the FCC.
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,618.35	Due to antenna availability concerns we modeled multiple antennas and we were ready to transition early thus needed to confirm not up or down strear
Prepare and or review reimbursement form	\$2,630.00	\$4,173.75	The initial estimate was outdated and the actual expense exceeded the estimate.
Project management of the transition	\$31,600.00	\$30,000.00	N/A
MSW reports	\$1,656.25	\$1,656.25	N/A
Sub-total	\$157,806.25	\$103,198.35	N/A
Total for all systems	\$437,251.25	\$260,003.15	N/A

Actual Information Description	File Name	
Progress Reporting	Component Description: Amount:	Prepare FCC Form 387 Repack Pro \$1,192.50
Comprehensive coverage verification via field study, if needed	Component Description: Amount:	COMPREHENSIVE FIELD TESTIN \$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:	WBXC-CD Champaign, IL Prepare replacement for new repack channe Narrative for initial Construction Per \$4,173.75
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	RF Consulting Services - WBXC-CI 2100 Construction Permit Application repack Construction Permit Application \$2,981.25

Perform engineering **Component Description:** Analyze potential early transition for study for new Upstream and Downstream Station channel \$1,391.25 Amount: assignment and antenna development RF Consulting Services - WBXC-CI **Component Description:** assignment and analyze interferenc Amount: \$4,438.75 RF Consulting Services - WBXC-CI **Component Description:** determine antenna required for FC(Repack Channel CP Filing. 4.5 hou Amount: \$1,192.50 **Component Description:** Due to availability concerns we had Pattern for WBXC-CD Amount: \$1,788.75 Prepare and or review **Component Description:** PrepareTechnicalPortionsofFCCFor reimbursement ConstructionPermitApplicationandE form ConstructionPermitApplicationFCCF Amount: \$4,173.75 **Project** management of **Component Description:** Project Management services, rese the transition and site owners \$2,250.00 Amount: **Component Description:** PROJECT MANAGEMENT SERVIC \$6,000.00 Amount: **Component Description:** REPACK PROJECT MANAGEMEN ENGINEERING, ATTORNEY, EQU Amount: \$3,000.00

Component Description:

Amount:

PROJECT MANAGEMENT

\$3,000.00

Component Description:

Amount:

PROJECT MANAGEMENT

\$3,000.00

Component Description:

Amount:

project management services

\$3,000.00

Component Description:

Amount:

PROJECT MANAGEMENT SERVIC

\$3,000.00

Component Description:

Project Management services, rese

and site owners

\$750.00

Component Description:

Amount:

Amount:

PROJECT MANAGEMENT SERVIC

\$3,000.00

Component Description:

Amount:

PROJECT MANAGEMENT SERVIC

\$2,250.00

Component Description:

Amount:

PROJECT MANAGEMENT SERVIC

\$4,500.00

Component Description:

Amount:

PROJECT MANAGEMENT

\$1,500.00

Component Description:

REPACK PROJECT MANAGEMEN ENGINEERING, ATTORNEY, EQU

\$3,000.00

Amount:

MSW reports		
	Component Description: Amount:	Technical services to prepare and fi \$728.75

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cos Justification
Other Expenses	\$27,685.00	\$21,125.00	
MSW reports	\$800.00	\$800.00	N/A
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 channe change. Applicant has limited interna resources to create and produce such notifications and will most likely have to obtain the services from an outside vendor.
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.

FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,000.00	N/A
Local Zoning	\$2,000.00	\$2,000.00	It is currently unknown what the local zoning authority or cire/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.
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 perm to perform the tower work required. It is felt this estimate shou cover the associated costs for any required permits.

Total for all systems	\$437,251.25	\$260,003.15	N/A
Sub-total	\$27,685.00	\$21,125.00	N/A
			antenna and transmitter costs. Precis costs will not known until the carrier issue an invoice. Currently, applicant does not estimate costs to be more than the estimate.
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	There will be shipping charges for the
and other waste, net of any salvage value)	\$1,000.00	\$1,000.00	Applicant wi be required to dispose of the current pre- repack antenia and parts that were replace for transmitted retuning. The exact costs a not known a this time.

Actual Information Description	File Name	
MSW reports		
	Component Description:	Tech
	Amount:	\$728
Develop and air announcement of upcoming channel change	Information not provided.	

Facilities and Otanana		
Equipment Storage	Component Description: Amount:	temp \$1,17
FCC Filing Fees - Form 2100 license to cover application	Information not provided.	
DTV Medical Facility Notification	Component Description: Amount:	DTV of Me Medi propo \$4,42
Local Zoning	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	Information not provided.	

Cost Information Grand Total

	Predetermined Cost Estimate	Estimated Cost
Total for all systems	\$437,251.25	\$260,003.15

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

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 ENTIT TO LIABILITY UNDER THE FALSE CLAIMS ACT.

- 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.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 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 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.

Certification

Section Question

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINI AND/OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTIO 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 (LS. CODE, TITLE 31, SECTIONS 3729-3733).

- 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 abovenamed entity.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 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.

Certification

Section Question

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 ENTIT TO LIABILITY UNDER THE FALSE CLAIMS ACT.

- 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 abovenamed entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 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 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.

Attachments