



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **70428** | Service: **DCA** | Call **WBXC-CD** | Channel: **18 (UHF)**
ID:
File **0000027571**
Number:
FRN: **0018223693** | Date **06/08**
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 (312) 505-5931	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	Email
Tim Wolak <i>Director</i> <i>Banded IT Solutions</i>	2425 Bentshire Dr Jacksonville, FL 32246 United States	+1 (312) 231-7895	two

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 feeding a flexible transmitter antenna on the tower. Work to support new antenna, move transmitter.
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Transmitters

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

Primary Transmitter

Existing Transmitter Information

Section	Question
Existing Transmitter Description	Type of change
	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
	Type
	Solid State Cooling
	Solid State Power capacity

Primary Transmitter

Retuning Transmitter Costs

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

Primary Transmitter

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

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?
	Type
	Size
	Other Size
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other 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**

Section	Question
Existing Antenna Description	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 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
	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 Manufacturer and Types	Class
	Mounting
	Antenna position in stack
	Polarization
	Type
	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
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Primary Antenna **Other Antenna Costs**

Section	Question
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?
	Type
	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 Description	Type of change
	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 Registration	Do you have a tower registration number?
	ASR Number
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)
	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 Permit 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 Outside Consulting Services	Prepare and file Form FCC Construction Permit Application
	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
MSW reports	MSW technical services pr
Progress Reporting	Prepare and file 9 required 2100, Schedule 387 on a q
Fletcher, Heald and Hildreth	FCC Attorney fees for repa submitting docs.

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 DTV 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 an 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

Cost Information Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost 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 issues	\$105,200.00	\$15,000.00	N/A
Sub-total	\$108,230.00	\$18,179.80	N/A
Total for all systems	\$442,251.25	\$265,003.15	N/A

Components

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 dupli attac
	Amount:	\$15,C
	Component Description:	TRAI SER
	Amount:	\$15,C

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification
Primary Antenna TLP-16H (SP)	\$33,030.00	\$29,500.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,000.00	N/A
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A
Sub-total	\$33,030.00	\$29,500.00	N/A
Total for all systems	\$442,251.25	\$265,003.15	N/A

Components

Actual Information Description	File Name
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<div><div>Component Description:</div><div>Amount:</div><div>freight</div><div>\$2,19</div></div> <div><div>Component Description:</div><div>Amount:</div><div>UHF ANTI</div><div>\$23,5</div></div>

Sweep test of existing antenna		
	Component Description:	SWE
	Amount:	\$4,500
	Component Description:	sweep
		attach
	Amount:	\$4,500

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 be provided (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost 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	\$442,251.25	\$265,003.15	N/A

Components

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:	tower
		have
		dupli
		attac
	Amount:	\$63,C
	Component Description:	TOW
	Amount:	\$63,C

Cost Information

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 Cost Justification
Outside Professional Services	\$162,806.25	\$108,198.35	
Progress Reporting	<i>\$18,000.00</i>	\$18,000.00	Prepare and file 9 required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.
MSW reports	<i>\$1,656.25</i>	\$1,656.25	N/A
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 stream interference concerns.
Project management of the transition	\$31,600.00	\$30,000.00	N/A
Fletcher, Heald and Hildreth	\$5,000.00	\$5,000.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$4,173.75	The initial estimate was outdated and the actual expense exceeded the estimate.
Sub-total	\$162,806.25	\$108,198.35	N/A
Total for all systems	\$442,251.25	\$265,003.15	N/A

Components

Actual Information Description	File Name
Progress Reporting	Component Description: Prepare FCC Form 387 Repack Proc Amount: \$1,192.50
MSW reports	Component Description: Technical services to prepare and fi Amount: \$728.75

Comprehensive coverage verification via field study, if needed	Component Description: COMPREHENSIVE FIELD TESTIN Amount: \$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: WBXC-CD Champaign, IL Prepare replacement for new repack channel Narrative for initial Construction Per Amount: \$4,173.75 Component Description: attorney fees Amount: \$582.29
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: RF Consulting Services - WBXC-CD 2100 Construction Permit Application Amount: repack Construction Permit Application \$2,981.25

Perform engineering study for new channel assignment and antenna development	Component Description: RF Consulting Services - WBXC-CI assignment and analyze interference Amount: \$4,438.75
	Component Description: RF Consulting Services - WBXC-CI determine antenna required for FCC Repack Channel CP Filing. 4.5 hours Amount: \$1,192.50
	Component Description: Analyze potential early transition for Upstream and Downstream Station Amount: \$1,391.25
	Component Description: Due to availability concerns we had Pattern for WBXC-CD Amount: \$1,788.75
Project management of the transition	Component Description: Project Management services, research and site owners Amount: \$750.00
	Component Description: PROJECT MANAGEMENT SERVICES Amount: \$6,000.00
	Component Description: REPACK PROJECT MANAGEMENT ENGINEERING, ATTORNEY, EQUIPMENT Amount: \$3,000.00
	Component Description: PROJECT MANAGEMENT Amount: \$3,000.00
	Component Description: PROJECT MANAGEMENT Amount: \$3,000.00

	Component Description:	REPACK PROJECT MANAGEMEN
	Amount:	ENGINEERING, ATTORNEY, EQU \$3,000.00
	Component Description:	PROJECT MANAGEMENT SERVIC
	Amount:	\$2,250.00
	Component Description:	PROJECT MANAGEMENT SERVIC
	Amount:	\$3,000.00
	Component Description:	PROJECT MANAGEMENT SERVIC
	Amount:	\$3,000.00
Fletcher, Heald and Hildreth	Component Description:	PROJECT MANAGEMENT
	Amount:	\$1,500.00
	Component Description:	project management services
	Amount:	\$3,000.00
	Component Description:	Project Management services, rese
	Amount:	and site owners \$2,250.00
	Component Description:	PROJECT MANAGEMENT SERVIC
	Amount:	\$4,500.00
	Component Description:	FCC Attorney Fees
	Amount:	\$92.71
	Component Description:	FCC Attorney Fees
	Amount:	\$214.58

Component Description:	FCC Attorney Fees
Amount:	\$62.50

Component Description:	FCC Attorney Fees
Amount:	\$250.00

Component Description:	corrected which stations were invoic
Amount:	\$116.46

Component Description:	FCC Attorney Fees
Amount:	\$187.50

Component Description:	FCC Attorney Fees
Amount:	\$31.25

Component Description:	FCC Attorney Fees
Amount:	\$125.00

Component Description:	FCC Attorney Fees
Amount:	\$20.83

Component Description:	FCC Attorney Fees
Amount:	\$100.00

Component Description:	FCC Attorney Fees
Amount:	\$62.50

Component Description:	FCC Attorney Fees
Amount:	\$333.33

Component Description:	FCC Attorney Fees
Amount:	\$712.50

	Component Description:	FCC Attorney Fees
	Amount:	\$51.04
	Component Description:	FCC Attorney Fees
	Amount:	\$120.83
	Component Description:	FCC Attorney Fees
	Amount:	\$329.17
	Component Description:	FCC Attorney Fees
	Amount:	\$204.17
	Component Description:	FCC Attorney Fees
	Amount:	\$208.33
	Component Description:	FCC Attorney Fees
	Amount:	\$406.25
	Component Description:	FCC Attorney Fees
	Amount:	\$68.75
	Component Description:	FCC Attorney Fees
	Amount:	\$395.83
Prepare and or review reimbursement form	Component Description:	Prepare Technical Portions of FCC For Construction Permit Application and E Construction Permit Application FCC
	Amount:	\$4,173.75

Cost Information 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 Cost Justification
Other Expenses	\$27,685.00	\$21,125.00	
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$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.
Equipment Storage	<i>\$2,500.00</i>	\$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.

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 antenn and parts that were replaced for transmitter retuning. The exact costs are not known at this time.
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.
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.

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 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.
DTV Medical Facility Notification	\$11,550.00	\$5,000.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A
Sub-total	\$27,685.00	\$21,125.00	N/A
Total for all systems	\$442,251.25	\$265,003.15	N/A

Components

Actual Information Description	File Name
Equipment Delivery and Handling Charges	Information not provided.
Equipment Storage	Component Description: temp Amount: \$1,17
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Non-zoning permits	Information not provided.
Local Zoning	Information not provided.

MSW reports	<div> <div>Component Description:</div> <div>Tech</div> </div> <div> <div>Amount:</div> <div>\$728</div> </div>
Develop and air announcement of upcoming channel change	Information not provided.
DTV Medical Facility Notification	<div> <div>Component Description:</div> <div>DTV of Me Medi prop</div> </div> <div> <div>Amount:</div> <div>\$4,42</div> </div>
FCC Filing Fees - Form 2100 license to cover application	Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost
Total for all systems	\$442,251.25	\$265,003.15

**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.

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.

Certification

Section	Question
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> <hr/> <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.
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.

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.

Attachments