



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **32142** | Service: **DCA** | Call **WQQZ-CD** | Channel: **24 (UHF)** |  
ID:  
File **0000027999**  
Number:  
FRN: **0026907345** | Date **10/08**  
Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC.	RENEE ILHARDT 295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (954) 606- 5486	RILHARDT@HC2BROADCASTING. COM	Corporation

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

**Broadcaster  
Information  
and  
Transition  
Plan**

Question		Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.		No
Briefly describe transition plan		Install new transmitter using existing feedline and antenna.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	NT-150
	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.15 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	UAXTE-2R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Significant channel change. No backup facility. Internal mask filter. Manufacturer announced it is getting out of the TV transmitter business. See Attachment.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A

	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Conduit and wiring run from breaker panel to new transmitter by a locally licensed electrician. Expect to be able to use the existing switch panel.
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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
Tuner		Tuner

**Antennas**

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

## Primary Antenna

### Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	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?	Yes
	Is antenna in operating condition?	No
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	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) .....	3.0 kW



Manufacturer	
Model	ACS8P3
Year	2011

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Primary  
Antenna

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?	Yes
	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 Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels/Bays	4
	Lower Limit	506.00 MHz
	Upper Limit	512.00 MHz
	Design power capacity in use	75.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	15.0 kW
	Manufacturer	

Model	PSIUP2NC-24-CP
Year	2017
Justification for New Antenna	The old antenna can not be reused due to the channel changes.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	Type	
	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	No

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Isolation Rods	Isolation Rods

**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?	No

**Outside Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	166
	Explanation	Project management, supervisor of testing, labor support during testing, coverage studies, legal, FCC filings
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
<b>Attorney and Other Outside Consulting Services</b>	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	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes

	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	5
	Justification	Engineering support during testing and at transition to new channel.

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Internal Employee Time Costs	Internal Employee Time Costs

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	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?	No
	Does this relocation require Equipment Storage?	No
	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



<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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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 UAXTE-2R37	\$131,695.00	\$68,441.91		\$64,543.55	
Tuner	\$695.00	\$695.00	N/A	\$695.00	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$62,746.91	N/A	\$62,746.91	N/A
Other Electrical Service: Conduit and wiring run from breaker panel to new transmitter by a locally licensed electrician. Expect to be able to use the existing switch panel.	\$5,000.00	\$5,000.00	N/A	\$1,101.64	N/A
Sub-total	\$131,695.00	\$68,441.91	N/A	\$64,543.55	N/A
Total for all systems	\$350,008.82	\$166,014.86	N/A	\$135,978.98	N/A

Components

Actual Information	
Description	File Name

Tuner	<div> <div>Component Description:</div> <div>Tuner. #1868-2</div> <div>Amount:</div> <div>\$695.00</div> </div>
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<div> <div>Component Description:</div> <div>Transmitter costs. #122416</div> <div>Amount:</div> <div>\$62,746.91</div> </div>
Other Electrical Service: Conduit and wiring run from breaker panel to new transmitter by a locally licensed electrician. Expect to be able to use the existing switch panel.	<div> <div>Component Description:</div> <div>Electrical to install transmitter. #2479</div> <div>Amount:</div> <div>\$1,101.64</div> </div>

Cost  
Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna PSIUP2NC-24-CP	\$32,153.28	\$7,360.51		\$813.28	
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	\$5,040.00	\$0.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$6,547.23	N/A	\$0.00	N/A
Isolation Rods	<i>\$813.28</i>	\$813.28	N/A	\$813.28	N/A
Sub-total	\$32,153.28	\$7,360.51	N/A	\$813.28	N/A
Total for all systems	\$350,008.82	\$166,014.86	N/A	\$135,978.98	N/A

Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	Information not provided.

UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<table> <tr> <td data-bbox="732 98 1145 315"> <b>Component Description:</b>  <b>Amount:</b> </td><td data-bbox="1153 98 1428 315"> Antenna costs, down. #1881a \$3,655.00 </td></tr> <tr> <td data-bbox="732 327 1145 566"> <b>Component Description:</b>  <b>Amount:</b> </td><td data-bbox="1153 327 1428 566"> Antenna costs, balance. #1881 \$2,892.23 </td></tr> </table>	<b>Component Description:</b>  <b>Amount:</b>	Antenna costs, down. #1881a \$3,655.00	<b>Component Description:</b>  <b>Amount:</b>	Antenna costs, balance. #1881 \$2,892.23
<b>Component Description:</b>  <b>Amount:</b>	Antenna costs, down. #1881a \$3,655.00				
<b>Component Description:</b>  <b>Amount:</b>	Antenna costs, balance. #1881 \$2,892.23				
Isolation Rods	<table> <tr> <td data-bbox="732 577 1145 815"> <b>Component Description:</b>  <b>Amount:</b> </td><td data-bbox="1153 577 1428 815"> Isolation rods. #123431 \$813.28 </td></tr> </table>	<b>Component Description:</b>  <b>Amount:</b>	Isolation rods. #123431 \$813.28		
<b>Component Description:</b>  <b>Amount:</b>	Isolation rods. #123431 \$813.28				

**Cost Information** **Transmission Line**  
Information not provided.

**Cost Information** **Tower Equipment and Rigging Costs**  
Information not provided.

**Cost Information** **Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$170,275.54</b>	<b>\$84,052.44</b>		<b>\$65,736.19</b>	
Internal Employee Time Costs	<i>\$1,422.77</i>	\$1,422.77	N/A	\$1,422.77	N/A
Additional Field Engineering Service, 5 Days	<i>\$33,444.77</i>	\$33,444.77	\$750 / day consulting fee plus travel, lodging, and meals.	\$33,444.77	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$3,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,000.00	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	\$3,000.00	N/A	\$2,186.25	N/A
Project management of the transition	\$26,228.00	\$26,184.90	N/A	\$26,184.90	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,497.50	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$3,500.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$170,275.54</b>	<b>\$84,052.44</b>	<b>N/A</b>	<b>\$65,736.19</b>	<b>N/A</b>

<b>Total for all systems</b>	\$350,008.82	\$166,014.86	N/A	\$135,978.98	N/A
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## Components

<b>Actual Information</b>	
<b>Description</b>	<b>File Name</b>
Internal Employee Time Costs	<b>Component Description:</b> Internal time costs. #IL-HC2-09302021-PD
	<b>Amount:</b> \$27.04
	<b>Component Description:</b> Internal time costs. #IL-HC2-10012021-RI
	<b>Amount:</b> \$1,395.73
Additional Field Engineering Service, 5 Days	<b>Component Description:</b> Field services. #WQQZ08062018-AB
	<b>Amount:</b> \$26,444.77
	<b>Component Description:</b> Project design. #Andy Booth WQQZ
	<b>Amount:</b> \$6,500.00
	<b>Component Description:</b> Antenna inspection trip. #06122018-AB
	<b>Amount:</b> \$500.00
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.



Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Prepare 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	<b>Component Description:</b>  <b>Amount:</b>	RF consulting services. #7373 \$2,186.25
Project management of the transition	<b>Component Description:</b>  <b>Amount:</b>	Legal services cost. #2020-WQQZ \$287.50
	<b>Component Description:</b>  <b>Amount:</b>	Legal services costs. #695143 \$2,429.50
	<b>Component Description:</b>  <b>Amount:</b>	Legal services costs. #692623 \$3,302.00
	<b>Component Description:</b>  <b>Amount:</b>	Legal services costs. #690586 \$4,705.25
	<b>Component Description:</b>  <b>Amount:</b>	Legal services costs. #687782 \$847.50
	<b>Component Description:</b>  <b>Amount:</b>	Legal services costs. #685779 \$1,130.00

<b>Component Description:</b>	Legal services costs. #682937
<b>Amount:</b>	\$819.25

<b>Component Description:</b>	Legal services costs. #676887
<b>Amount:</b>	\$593.25

<b>Component Description:</b>	Legal services costs. #675459
<b>Amount:</b>	\$1,053.00

<b>Component Description:</b>	Legal services costs. #672012
<b>Amount:</b>	\$324.00

<b>Component Description:</b>	Legal services costs. #669556
<b>Amount:</b>	\$891.00

<b>Component Description:</b>	Legal services costs. #667301
<b>Amount:</b>	\$162.00

<b>Component Description:</b>	Legal services costs. #662042
<b>Amount:</b>	\$2,052.00

<b>Component Description:</b>	Legal services costs. #659547
<b>Amount:</b>	\$1,701.00

<b>Component Description:</b>	Legal services costs. #656311
<b>Amount:</b>	\$1,269.00

	<p><b>Component Description:</b> Legal services costs. #653715</p> <p><b>Amount:</b> \$2,196.00</p>
	<p><b>Component Description:</b> Legal services costs. #651073</p> <p><b>Amount:</b> \$1,412.65</p>
	<p><b>Component Description:</b> Legal services costs. #651059</p> <p><b>Amount:</b> \$405.00</p>
	<p><b>Component Description:</b> Portion of general repack matter invoice attributable to this station - divided by 8 stations. #321</p> <p><b>Amount:</b> \$605.00</p>
Prepare and or review reimbursement form	<p><b>Component Description:</b> Discussion re application nd 399 form, review quotes. #008409</p> <p><b>Amount:</b> \$370.00</p> <p><b>Component Description:</b> FCC minor change app, 399 review. #008453</p> <p><b>Amount:</b> \$2,127.50</p>
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.



## 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
<b>Other Expenses</b>	<b>\$15,885.00</b>	<b>\$6,160.00</b>		<b>\$4,885.96</b>	
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$1,000.00</i>	\$1,000.00	Estimate. Because of the ad hoc nature of this work, reasonably binding advance quotes are impractical.	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$1,835.00	N/A	\$1,835.00	N/A
Develop and air announcement of upcoming channel change	<i>\$2,000.00</i>	\$2,000.00	N/A	\$3,050.96	N/A
<b>Sub-total</b>	<b>\$15,885.00</b>	<b>\$6,160.00</b>	N/A	<b>\$4,885.96</b>	N/A
<b>Total for all systems</b>	<b>\$350,008.82</b>	<b>\$166,014.86</b>	N/A	<b>\$135,978.98</b>	N/A

## Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	<div> <div>Component Description:</div> <div>Notification of medical facilities. #INV-001831</div> </div> <div> <div>Amount:</div> <div>\$1,835.00</div> </div>
Develop and air announcement of upcoming channel change	<div> <div>Component Description:</div> <div>Newspaper Ads - channel change. #07232018-GFR</div> </div> <div> <div>Amount:</div> <div>\$3,050.96</div> </div>

**Cost  
Information****Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$350,008.82	\$166,014.86	\$135,978.98

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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.	Yes

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	



4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Michael Voge</b>  <i>Director of Engineering Operations</i></p> <p>10/08/2021</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Michael Voge</b>  <i>Director of Engineering Operations</i></p> <p>10/08/2021</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>	

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.

**Michael  
Voge**  
*Director of  
Engineering  
Operations*

10/08/2021

**Attachments**