



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **68409** | Service: **DCA** | Call **WWKH-CD** | Channel: **22 (UHF)** |  
ID: | Sign:  
File **0000027836**  
Number:  
FRN: **0026907345** | Date **03/28**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>HC2 STATION GROUP INC</b>	RENEE ILHARDT 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (945) 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	Retune existing antenna by installing fine matcher per manufacturer requirement. Retune existing transmitter & exciter. Replace mask filter. Continue operations with existing equipment for the interim. Transition to new mask filter.

**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	Rohde & Schwarz

Model	TMU9000 570W
Year	2014
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	0.57 kW

## Primary Transmitter

### Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	1.5 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
<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**  
Information not provided.

**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	Retune Existing
	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?	Yes
	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	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	2
	Design power capacity in use	0.01 %
	Lower Limit	470.00 MHz

Upper Limit	806.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	8.18 kW
Manufacturer	Alive
Model	ATC-BPH8C1
Year	2014

**Primary  
Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

<b>Transmission Line</b>	Section	Question	Response
	<b>Transmission Line Related Expenses</b>	Do you have transmission line related expenses?	No

<b>Tower Equipment And Rigging Costs</b>	Section	Question	Response
	<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	Yes

<b>Primary Tower</b>	<b>Existing Tower</b>		
	Section	Question	Response
<b>Existing Tower Description</b>		Type of change	Move Equipment
		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	No
		Is tower documented for structural analysis?	Unknown
		Is tower compliant with Rev G?	Unknown
<b>Existing Tower Structure Registration</b>		Do you have a tower registration number?	Yes
		ASR Number	1036480
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>		Latitude (NAD83)	39° 51' 17.0" N-
		Longitude (NAD83)	079° 39' 26.0" W-

Overall Structure Height	231.95 feet
Support Structure Height	219.81 feet
Ground Elevation Above Mean Sea Level (AMSL)	2572.15 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	K2 Towers, LLC
Date Constructed	07/01/1946

**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
73910	WPXI	DTV

## 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
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	100
	Explanation	The station's ownership group has multiple transmitter sites (14 TV) and operates with minimal staff. It does not have personnel available for any of these tasks, nor is the staff trained to provide any of these services.
<b>Outside RF consulting Engineering Services</b>	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	Yes

	Quantity	1
	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	Yes
	Quantity	1
	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	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

	Number of Days	N/A
	Justification	N/A

**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** Services not provided.

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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	Information not provided.

Cost  
Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter TMU9000 570W	\$108,230.00	\$14,245.00		\$0.00	
UHF and VHF - minor banding issues	\$105,200.00	\$11,445.00	N/A	N/A	N/A
1.5 kW mask filter	\$3,030.00	\$2,800.00	N/A	N/A	N/A
Sub-total	\$108,230.00	\$14,245.00	N/A	\$0.00	N/A
Total for all systems	\$291,130.00	\$74,842.50	N/A	\$7,713.53	N/A

Components

Information not provided.

Cost  
Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna ATC- BPH8C1	\$35,550.00	\$6,400.00		\$0.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$0.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	\$2,520.00	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$35,550.00	\$6,400.00	N/A	\$0.00	N/A
Total for all systems	\$291,130.00	\$74,842.50	N/A	\$7,713.53	N/A

Components

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	\$84,200.00	\$2,500.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$84,200.00	\$2,500.00	N/A	\$0.00	N/A
Total for all systems	\$291,130.00	\$74,842.50	N/A	\$7,713.53	N/A

Components

Information not provided.



## Cost Information

### Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$46,510.00</b>	<b>\$43,750.00</b>		<b>\$7,713.53</b>	
Project management of the transition	\$15,800.00	\$15,000.00	N/A	\$1,881.13	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$37.50	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$270.90	N/A

Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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	\$2,250.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$3,274.00	The original estimate was only for the consulting engineer and did not include attorney's fees.
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$46,510.00	\$43,750.00	N/A	\$7,713.53	N/A
<b>Total for all systems</b>	\$291,130.00	\$74,842.50	N/A	\$7,713.53	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<b>Component Description:</b>
	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1112
	<b>Amount:</b>
	\$521.40
	<b>Component Description:</b>
	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1104
	<b>Amount:</b>
	\$644.80
	<b>Component Description:</b>
	Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1096
	<b>Amount:</b>
	\$714.93

Perform engineering study for new channel assignment and antenna development	<table> <tr> <td data-bbox="702 174 1018 208"><b>Component Description:</b></td><td data-bbox="1145 174 1369 286">Please refer to line 8 of the invoice for details</td></tr> <tr> <td data-bbox="702 297 817 331"><b>Amount:</b></td><td data-bbox="1145 297 1244 331">\$670.69</td></tr> <tr> <td data-bbox="702 432 1018 465"><b>Component Description:</b></td><td data-bbox="1145 432 1369 544">Please refer to line 7 of the invoice for details</td></tr> <tr> <td data-bbox="702 555 817 589"><b>Amount:</b></td><td data-bbox="1145 555 1232 589">\$37.50</td></tr> <tr> <td data-bbox="702 689 1018 723"><b>Component Description:</b></td><td data-bbox="1145 689 1369 801">Please refer to line 8 of the invoice for details</td></tr> <tr> <td data-bbox="702 813 817 846"><b>Amount:</b></td><td data-bbox="1145 813 1244 846">\$456.25</td></tr> <tr> <td data-bbox="702 947 1018 981"><b>Component Description:</b></td><td data-bbox="1145 947 1369 1059">Please refer to line 12 of the invoice for details</td></tr> <tr> <td data-bbox="702 1070 817 1104"><b>Amount:</b></td><td data-bbox="1145 1070 1244 1104">\$125.00</td></tr> </table>	<b>Component Description:</b>	Please refer to line 8 of the invoice for details	<b>Amount:</b>	\$670.69	<b>Component Description:</b>	Please refer to line 7 of the invoice for details	<b>Amount:</b>	\$37.50	<b>Component Description:</b>	Please refer to line 8 of the invoice for details	<b>Amount:</b>	\$456.25	<b>Component Description:</b>	Please refer to line 12 of the invoice for details	<b>Amount:</b>	\$125.00
<b>Component Description:</b>	Please refer to line 8 of the invoice for details																
<b>Amount:</b>	\$670.69																
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<b>Amount:</b>	\$456.25																
<b>Component Description:</b>	Please refer to line 12 of the invoice for details																
<b>Amount:</b>	\$125.00																
Attorney Fees - Prepare and File request for Special Temporary Authorization	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	<p><b>Component Description:</b></p> <p>Please refer to lines 3 and 4 of the attached invoice \$301. Less the 10% discount received the amount due is \$270.90. Please note the hours and rates are provided at the bottom of the invoice.</p> <p><b>Amount:</b></p> <p>\$270.90</p>
Prepare request for Special Temporary Authorization	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	<p><b>Component Description:</b></p> <p>Please see line 1 of the invoice - Prepare engineering section of FCC form 2100, construction permit application.</p> <p><b>Amount:</b></p> <p>\$2,250.00</p>

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="708 174 1015 208"><b>Component Description:</b></td><td data-bbox="1150 174 1374 680">Please refer to lines 1,2,5 and 6 of the attached invoice totaling \$860. Less the 10% discount received the amount due is \$774. Please note the hours and rates are provided at the bottom of the invoice.</td></tr> <tr> <td data-bbox="708 696 815 723"><b>Amount:</b></td><td data-bbox="1150 696 1246 723">\$774.00</td></tr> <tr> <td data-bbox="708 835 1015 869"><b>Component Description:</b></td><td data-bbox="1150 835 1385 987">Please see line 2 of the invoice - Prepare and or review reimbursement form</td></tr> <tr> <td data-bbox="708 1037 815 1064"><b>Amount:</b></td><td data-bbox="1150 1037 1267 1064">\$2,500.00</td></tr> </table>	<b>Component Description:</b>	Please refer to lines 1,2,5 and 6 of the attached invoice totaling \$860. Less the 10% discount received the amount due is \$774. Please note the hours and rates are provided at the bottom of the invoice.	<b>Amount:</b>	\$774.00	<b>Component Description:</b>	Please see line 2 of the invoice - Prepare and or review reimbursement form	<b>Amount:</b>	\$2,500.00
<b>Component Description:</b>	Please refer to lines 1,2,5 and 6 of the attached invoice totaling \$860. Less the 10% discount received the amount due is \$774. Please note the hours and rates are provided at the bottom of the invoice.								
<b>Amount:</b>	\$774.00								
<b>Component Description:</b>	Please see line 2 of the invoice - Prepare and or review reimbursement form								
<b>Amount:</b>	\$2,500.00								
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>								

## 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>\$16,640.00</b>	<b>\$7,947.50</b>		<b>\$0.00</b>	
DTV Medical Facility Notification	\$11,550.00	\$2,912.50	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$250.00</i>	\$250.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,200.00</i>	\$1,200.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$16,640.00</b>	<b>\$7,947.50</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

<b>Total for all systems</b>	\$291,130.00	\$74,842.50	N/A	\$7,713.53	N/A
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### Components

Information not provided.



Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$291,130.00	\$74,842.50	\$7,713.53

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

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.

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.

**Les Levi**  
*Chief  
Operating  
Officer*

03/28/2019

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>Les Levi</b>  <i>Chief  Operating  Officer</i></p> <p>03/28/2019</p>

## Attachments