



(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
Existing Transmitter Description	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
Existing Transmitter Manufacturer and Type	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.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary
Transmitter

Other Transmitter Cost Not Listed

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

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

**Primary
Antenna**

Other Antenna Cost Not Listed

Name		Description	
Antenna Installation		Antenna Installation	
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
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	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
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	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
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	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

Other Expenses	Other Expenses Not Listed
	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 UAXTE-2R37	\$131,695.00	\$68,441.91		\$63,441.91	
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	\$0.00	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
Tuner	\$695.00	\$695.00	N/A	\$695.00	N/A
Sub-total	\$131,695.00	\$68,441.91	N/A	\$63,441.91	N/A
Total for all systems	\$354,907.63	\$170,913.67	N/A	\$94,549.11	N/A

Components

Actual Information Description	File Name
-----------------------------------	-----------

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.	Component Description: Electrical to install transmitter. #2479 Amount: \$1,101.64
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Component Description: Transmitter costs. #122416 Amount: \$62,746.91
Tuner	Component Description: Tuner. #1868-2 Amount: \$695.00

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	\$36,001.13	\$11,208.36		\$813.28	
Antenna Installation	<i>\$3,847.85</i>	\$3,847.85	N/A	\$0.00	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
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	\$5,040.00	\$0.00	N/A	N/A	N/A
Isolation Rods	<i>\$813.28</i>	\$813.28	N/A	\$813.28	N/A
Sub-total	\$36,001.13	\$11,208.36	N/A	\$813.28	N/A
Total for all systems	\$354,907.63	\$170,913.67	N/A	\$94,549.11	N/A

Components

Actual Information	
Description	File Name

Antenna Installation	<div> <div> Component Description: </div> <div> Antenna installation. #07042018-TP </div> </div> <div> Amount: </div> <div> \$3,847.85 </div>
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<div> <div> Component Description: </div> <div> Antenna costs, down. #1881a </div> </div> <div> Amount: </div> <div> \$3,655.00 </div> <div> <div> Component Description: </div> <div> Antenna costs, balance. #1881 </div> </div> <div> Amount: </div> <div> \$2,892.23 </div>
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	Information not provided.
Isolation Rods	<div> <div> Component Description: </div> <div> Isolation rods. #123431 </div> </div> <div> Amount: </div> <div> \$813.28 </div>

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
Outside Professional Services	\$170,275.54	\$84,052.44		\$30,293.92	
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.	\$500.00	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	\$0.00	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
Sub-total	\$170,275.54	\$84,052.44	N/A	\$30,293.92	N/A

Total for all systems	\$354,907.63	\$170,913.67	N/A	\$94,549.11	N/A
------------------------------	--------------	--------------	-----	-------------	-----

Components

Actual Information	
Description	File Name
Internal Employee Time Costs	Component Description: Internal time costs. #IL-HC2-10012021-RI
	Amount: \$1,395.73
	Component Description: Internal time costs. #IL-HC2-09302021-PD
	Amount: \$27.04
Additional Field Engineering Service, 5 Days	Component Description: Antenna inspection trip. #06122018-AB
	Amount: \$500.00
	Component Description: Project design. #Andy Booth WQQZ
	Amount: \$6,500.00
	Component Description: Field services. #WQQZ08062018-AB
	Amount: \$26,444.77
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	Component Description: Amount:	RF consulting services. #7373 \$2,186.25
Project management of the transition	Component Description: Amount:	Legal services costs. #692623 \$3,302.00
	Component Description: Amount:	Legal services costs. #662042 \$2,052.00
	Component Description: Amount:	Portion of general repack matter invoice attributable to this station - divided by 8 stations. #321 \$605.00
	Component Description: Amount:	Legal services cost. #2020-WQQZ \$287.50
	Component Description: Amount:	Legal services costs. #669556 \$891.00

Component Description:	Legal services costs. #676887
Amount:	\$593.25

Component Description:	Legal services costs. #656311
Amount:	\$1,269.00

Component Description:	Legal services costs. #682937
Amount:	\$819.25

Component Description:	Legal services costs. #685779
Amount:	\$1,130.00

Component Description:	Legal services costs. #695143
Amount:	\$2,429.50

Component Description:	Legal services costs. #675459
Amount:	\$1,053.00

Component Description:	Legal services costs. #651073
Amount:	\$1,412.65

Component Description:	Legal services costs. #667301
Amount:	\$162.00

Component Description:	Legal services costs. #659547
Amount:	\$1,701.00

	<p>Component Description: Legal services costs. #651059</p> <p>Amount: \$405.00</p>
	<p>Component Description: Legal services costs. #687782</p> <p>Amount: \$847.50</p>
	<p>Component Description: Legal services costs. #653715</p> <p>Amount: \$2,196.00</p>
	<p>Component Description: Legal services costs. #690586</p> <p>Amount: \$4,705.25</p>
	<p>Component Description: Legal services costs. #672012</p> <p>Amount: \$324.00</p>
Prepare and or review reimbursement form	<p>Component Description: Discussion re application nd 399 form, review quotes. #008409</p> <p>Amount: \$370.00</p> <p>Component Description: FCC minor change app, 399 review. #008453</p> <p>Amount: \$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
Other Expenses	\$16,935.96	\$7,210.96		\$0.00	
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	\$0.00	N/A
Develop and air announcement of upcoming channel change	<i>\$3,050.96</i>	\$3,050.96	N/A	\$0.00	N/A
Sub-total	\$16,935.96	\$7,210.96	N/A	\$0.00	N/A
Total for all systems	\$354,907.63	\$170,913.67	N/A	\$94,549.11	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	<p>Component Description: Notification of medical facilities. #INV-001831</p> <p>Amount: \$1,835.00</p>
Develop and air announcement of upcoming channel change	<p>Component Description: Newspaper Ads - channel change. #07232018-GFR</p> <p>Amount: \$3,050.96</p>

**Cost
Information**

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$354,907.63	\$170,913.67	\$94,549.11

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.	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"> 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.

<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>Michael Voge <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"> 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.

<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>Michael Voge <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"> 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.

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

10/08/2021

Attachments