Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **35280** | Service: **DTV** | Call Sign: **KNTV** | Channel: **13 (High VHF)** | File Number: **0000028170** | FRN: **0019509470** | Date Submitted: **03/21/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NBC TELEMUNDO LICENSE LLC	Margaret L. Tobey 300 NEW JERSEY AVE, N.W. WASHINGTON, DC 20001 United States	+1 (202) 524-6401	MARGARET.TOBEY@NBCUNI.COM	Limited Liability Company

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	Retain current transmitter and antenna for interim use. Install new antenna in place formerly used for analog antenna. Install new transmitter for new channel. Remove and dispose of old transmitter. Existing antenna remains to support new channel 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	TDV2 16K0 LV
	Year	2005
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	16 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	THU9-10
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	15.5 kW
	Justification for New Transmitter	Current transmitter is no longer supported by the vendor and will be used to maintain coverage during transition.

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	Electrical Connection to new transmitter.
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 leashold 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

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	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?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Bottom
	Polarization	Elliptical
	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)	103.1 kW

Manufacturer	
Model	THV-6A12 VP-R C150SP (S)
Year	2005

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?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	103.0 kW
	Manufacturer	

	Model	THV-11A13 /VP-R C150SP (S)
	Year	2020
	Justification for New Antenna	Current antenna is channelized and will not worn on new Chanel (ch 13)

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
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
Input Complex Feed System	Necessary components to feed the antenna at top of stack

Transmission Line

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

Primary Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	400 feet per run

Primary Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	400 feet per run
	Justification for New Transmission Line	New line required so that we can build out the new facility and maintain coverage without building an interim facility.

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1010567
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	37° 41' 06.5" N-
	Longitude (NAD83)	122° 26' 04.6" W-
	Overall Structure Height	288.05 feet
	Support Structure Height	183.07 feet

Ground Elevation Above Mean Sea Level (AMSL)	1253.92 feet
Structure Type	LTOWER - Lattice Tower
Tower Owner	American Towers, LLC.
Date Constructed	12/09/1999

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Serious Reinforcements needed

Primary Tower

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	Terrain constrained
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
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	1040
	Explanation	Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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	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	No
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	10

	Justification	Ground level RF engineering

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Information not provided.

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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
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?	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

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 THU9-10	**$509,579.63**	**$509,579.63**		**$0.00**	
High VHF - Liquid Cooled Solid State Transmitter 15.5 kW	***$496,251.63***	$496,251.63	See attachment "KNTV Transmitter Quote" for updated cost information.	N/A	N/A
Other Electrical Service: Electrical Connection to new transmitter.	***$13,328.00***	$13,328.00	see attached electrical proposal	N/A	N/A
Sub-total	$509,579.63	$509,579.63	N/A	$0.00	N/A
Total for all systems	$2,854,259.63	$2,114,822.13	N/A	$6,840.01	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 THV-11A13/VP-R C150SP (S)	**$419,795.00**	**$329,205.00**		**$0.00**	
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	$9,570.00	$8,055.00	N/A	N/A	N/A
Input Complex Feed System	***$16,725.00***	$16,725.00	see Dielectric proposal attached	N/A	N/A
High-VHF, One station antenna -- top mount, elliptically or circularly polarized	$393,500.00	$304,425.00	N/A	N/A	N/A
Sub-total	$419,795.00	$329,205.00	N/A	$0.00	N/A
Total for all systems	$2,854,259.63	$2,114,822.13	N/A	$6,840.01	N/A

Components

Information not provided.

Cost Information

Transmission Line

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 Transmission Line	**$48,000.00**	**$38,272.50**		**$0.00**	
Rigid Transmission Line - copper, 3 1 /8" broadband	$48,000.00	$38,272.50	N/A	N/A	N/A
Sub-total	$48,000.00	$38,272.50	N/A	$0.00	N/A
Total for all systems	$2,854,259.63	$2,114,822.13	N/A	$6,840.01	N/A

Components

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 LTOWER	**$1,499,300.00**	**$915,000.00**		**$0.00**	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	$421,000.00	$400,000.00	N/A	N/A	N/A
Serious tower reinforcement /modifications	$1,052,000.00	$500,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	$26,300.00	$15,000.00	N/A	N/A	N/A
Sub-total	$1,499,300.00	$915,000.00	N/A	$0.00	N/A
Total for all systems	$2,854,259.63	$2,114,822.13	N/A	$6,840.01	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
Outside Professional Services	**$293,505.00**	**$239,250.00**		**$6,840.01**	
Additional Field Engineering Service, 10 Days	***$10,000.00***	$10,000.00	N/A	N/A	N/A
RF Exposure Measurements	$21,050.00	$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	$84,200.00	$40,000.00	N/A	N/A	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), Construction Permit Application	$5,260.00	$5,000.00	N/A	$340.20	N/A
Prepare and or review reimbursement form	$2,630.00	$2,500.00	N/A	$310.86	N/A
Project management of the transition	$164,320.00	$156,000.00	N/A	$6,188.95	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
Sub-total	$293,505.00	$239,250.00	N/A	$6,840.01	N/A
Total for all systems	$2,854,259.63	$2,114,822.13	N/A	$6,840.01	N/A

Components

Actual Information Description	File Name	
Additional Field Engineering Service, 10 Days	Information not provided.	
RF Exposure Measurements	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	**Component Description:** **Amount:**	Preparation of minor change application $226.80
	Component Description: **Amount:**	Line 1 of invoice, less 10% vendor discount. $113.40

Prepare and or review reimbursement form	**Component Description:** **Amount:**	See lines 2-4 on invoice, less 10% vendor discount. $310.86

Project management of the transition	**Component Description:**	Structural assessment project management, permitting research and conference calls with Structural Engineer of San Mateo County regarding which TIA standard is used.
	Amount:	$380.00
	Component Description:	Project Management Services
	Amount:	$975.00
	Component Description:	Project Management Services
	Amount:	$348.95
	Component Description:	Project Management Services
	Amount:	$975.00
	Component Description:	Project Management Services
	Amount:	$1,365.00
	Component Description:	Project Management Services
	Amount:	$2,145.00

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	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	**$84,080.00**	**$83,515.00**		**$0.00**	
MVPD Notification of Channel Change	***$12,000.00***	$12,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	***$25,000.00***	$25,000.00	N/A	N/A	N/A
Equipment Storage	***$5,000.00***	$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	***$5,000.00***	$5,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	***$20,000.00***	$20,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	$11,550.00	$11,000.00	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
Local Zoning	***$2,500.00***	$2,500.00	N/A	N/A	N/A
Non-zoning permits	***$2,500.00***	$2,500.00	N/A	N/A	N/A
Sub-total	$84,080.00	$83,515.00	N/A	$0.00	N/A
Total for all systems	$2,854,259.63	$2,114,822.13	N/A	$6,840.01	N/A

Components

Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$2,854,259.63	$2,114,822.13	$6,840.01

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	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.	
	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.	**Margaret L Tobey** *Assistant Secretary* 03/21/2018

Certification

Section	Question	Response
Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).	
	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.	**Margaret L Tobey** *Assistant Secretary* 03/21/2018

Attachments