



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **23302** | Service: **DTV** | Call **KGMC** | Channel: **27 (UHF)** |
ID: | Sign:
File **0000028681**
Number:
FRN: **0019509470** | Date **11/15**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Cocola Broadcasting Companies, LLC Doing Business As: Cocola Broadcasting Companies, LLC	Gary M. Cocola 706 W. Herndon Ave. Fresno, CA 93650 United States	+1 (559) 435-7000	gary@cocolatv.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
Greg Best <i>Consulting Engineer</i> <i>Greg Best Consulting, Inc.</i>	16100 Outlook Avenue Stilwell, KS 66085 United States	+1 (816) 792-2913	gbconsulting54@gmail.com

**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		Station will install a temporary transmitter and antenna for operation on the new repack channel by the transition date with operation authorized via STA. New xmtr and antenna will be delivered after the Phase transition date and will be installed ASAP.

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	Innovator
	Year	1996
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	10 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?	Yes
	Manufacturer	
	Model	THU9EVO-12
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	19 kW
	Justification for New Transmitter	Existing transmitter cannot be modified and mfr. is no longer in business. See attachment for description of transmitter and reason for upgrade selection.

**Primary
Transmitter**

Other Transmitter Costs

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

	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	50.0 feet
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	5 tons
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	100.0 square feet
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?	No
	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	Full Power
	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)	283.0 kW

Manufacturer	
Model	ALP24HSOC
Year	1996

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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	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)	205.0 kW
	Manufacturer	

Model	TFU-24DSB-N-R
Year	2018
Justification for New Antenna	Existing antenna is a slot design and will not function on post repack channel. Applicant understands that it will be responsible for the upgrade costs for Vpol operation.

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?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

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?	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	Owned
	Is this tower consider Complex?	No
	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
Existing Tower Structure Registration	Is tower compliant with Rev G?	Unknown
	Do you have a tower registration number?	No
Coordinates (NAD83 (North American Datum of 1983))	ASR Number	
	Latitude (NAD83)	36° 44' 45.8" N-
	Longitude (NAD83)	119° 17' 00.4" W-

Overall Structure Height	160.00 feet
Support Structure Height	135.00 feet
Ground Elevation Above Mean Sea Level (AMSL)	1024.00 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Cocla Broadcasting
Date Constructed	09/11/1992

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:	Minor Reinforcements needed

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
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	600
	Explanation	Station personnel to do not have time or expertise to address all technical and logistic issues.
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	Yes
	Quantity	1
	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	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 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	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	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?	No
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	No
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other Expenses	Other Expenses Not Listed 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 THU9EVO-12	\$754,050.00	\$734,850.00		\$0.00	
Other -- Building Addition Size: 100.0	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Other -- HVAC Service Type: H Size:5 (Other)	<i>\$19,250.00</i>	\$19,250.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$666,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$37,150.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$2,600.00	\$2,450.00	N/A	N/A	N/A
Sub-total	\$754,050.00	\$734,850.00	N/A	\$0.00	N/A
Total for all systems	\$1,434,830.00	\$1,328,637.00	N/A	\$17,904.88	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 TFU-24DSB-N-R	\$271,710.00	\$209,452.00		\$0.00	
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$14,153.00	See attached antenna quotes. The quotes include the cost of the scattering analysis.	N/A	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$8,899.00	See Attached quote.	N/A	N/A
Pattern scatter analysis for side mount high /med power antennas (if not included in antenna base cost)	\$5,260.00	\$0.00	Cost is included as part of custom mounts.	N/A	N/A

UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized	\$227,000.00	\$180,000.00	Applicant acknowledges it will be responsible for the upgrade cost to add eliptically polarized signal capability. Cost indicated here is for Hpol antenna only. See attached quotes and antenna cover letter.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	This sweep is for existing line with new antenna.	N/A	N/A
Sub-total	\$271,710.00	\$209,452.00	N/A	\$0.00	N/A
Total for all systems	\$1,434,830.00	\$1,328,637.00	N/A	\$17,904.88	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	\$268,500.00	\$255,000.00		\$0.00	
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	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	\$25,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Sub-total	\$268,500.00	\$255,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,434,830.00	\$1,328,637.00	N/A	\$17,904.88	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	\$122,880.00	\$116,250.00		\$16,819.25	
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$5,275.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$576.00	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	\$477.00	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	\$875.00	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	\$1,925.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,475.00	N/A
Project management of the transition	\$94,800.00	\$90,000.00	N/A	\$5,216.25	N/A
Sub-total	\$122,880.00	\$116,250.00	N/A	\$16,819.25	N/A
Total for all systems	\$1,434,830.00	\$1,328,637.00	N/A	\$17,904.88	N/A

Components

Actual Information

Description

File Name

Perform engineering study
for new channel assignment
and antenna development

Component Description:

New channel
engineering work
\$525.00

Amount:

Component Description:

Revised
engineering for
displacement
transition.
\$875.00

Amount:

Component Description:

KGMC(DT) repack
engineering
\$200.00

Amount:

Component Description:

Engineering for
KGMC(DT)
displacement
channel
\$875.00

Amount:

Component Description:

Engineering work
for the KGMC(DT)
displacement
\$1,050.00

Amount:

Component Description:

Engineering for
new channel
assignment.
\$525.00

Amount:

Component Description:

Engineering for
new channel
assignment
\$1,225.00

Amount:

Attorney Fees - Prepare and File request for Special Temporary Authorization	<p>Component Description:</p> <p>Attorney Fees for preparation and filing of STA for the KGMC displacement.</p> <p>Amount:</p> <p>\$576.00</p>
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>Component Description:</p> <p>Attorney Fees to prepare and file FCC Form 2100 for the CP application</p> <p>Amount:</p> <p>\$477.00</p>
Prepare request for Special Temporary Authorization	<p>Component Description:</p> <p>Engineering and file STA for the KGMC(DT) displacement transition</p> <p>Amount:</p> <p>\$875.00</p>
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:	Engineering Form 2100 CP for KGMC displacement work
	Amount:	\$1,050.00
	Component Description:	Engineering for CP Application.
	Amount:	\$175.00
	Component Description:	Engineering for Form 2100 CP for KGMC displacement
	Amount:	\$700.00

Prepare and or review
reimbursement form

Component Description:

Prepare / review
399 for updates
submitted for the
displacement
project

Amount:

\$900.00

Component Description:

Prepare / review
399

Amount:

\$87.50

Component Description:

Update 399 with
new engineering /
equipment
information for the
transition.

Amount:

\$962.50

Component Description:

Prepare / update
399 to reflect new
equipment
engineering.

Amount:

\$525.00

Project management of the transition

Component Description: Q4 Progress Report
Amount: \$87.50

Component Description: Q1 2018 Progress Report
Amount: \$87.50

Component Description: Work on progress report
Amount: \$175.00

Component Description: Project management work for the KGMC transition
Amount: \$175.00

Component Description: Project Management work for the KGMC transition project.
Amount: \$1,950.00

Component Description: Project Management support for the KGMC(DT) displacement transition.
Amount: \$2,625.00

Component Description: Project management and accounting work for the displacement transition.
Amount: \$116.25

**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	\$17,690.00	\$13,085.00		\$1,085.63	
MVPD Notification of Channel Change	<i>\$2,500.00</i>	\$2,500.00	N/A	\$850.00	N/A
Equipment Storage	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$7,000.00	N/A	\$235.63	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
Local Zoning	<i>\$500.00</i>	\$500.00	Building permits, licenses, etc.	N/A	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	\$1,000.00	\$1,000.00	N/A	N/A	N/A
Sub-total	\$17,690.00	\$13,085.00	N/A	\$1,085.63	N/A
Total for all systems	\$1,434,830.00	\$1,328,637.00	N/A	\$17,904.88	N/A

Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	<p>Component Description: MVPD communications and updates</p> <p>Amount: \$200.00</p> <p>Component Description: MVPD notifications for KGMC(DT) displacement transition</p> <p>Amount: \$650.00</p>
Equipment Storage	Information not provided.
DTV Medical Facility Notification	<p>Component Description: Medical notifications for the KGMC(DT) displacement transitions.</p> <p>Amount: \$235.63</p>
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
Local Zoning	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$1,434,830.00	\$1,328,637.00
			\$17,904.88

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"> 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>Gary M Cocola <i>Managing Member</i></p> <p>11/15/2018</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>Gary M Cocola <i>Managing Member</i></p> <p>11/15/2018</p>

Attachments