



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **184267** | Service: **LPD** | Call **WMNN-LD** | File
ID: | Sign: | Number:
0000085383
FRN: **0032881088** | Date **09/15**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---------------------------|-----------|-------|-----------------------|----------------|
| FREELANCER | 320 W. | +1 | etwotila@yournewsnet. | Corporation |
| TELEVISION | 13TH | (231) | com | |
| BROADCASTING, INC. | STREET | 577- | | |
| Doing Business As: | CADILLAC, | 1844 | | |
| FREELANCER | MI 49601 | | | |
| TELEVISION | United | | | |
| BROADCASTING, INC. | States | | | |

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 |
|--|---------------|---------------|-------------------|
| Matthew H McCormick , | 1300 N 17th | +1 (703) 812- | mccormick@fhhlaw. |
| Esq . | Street | 0400 | com |
| <i>Fletcher, Heald & Hildreth,</i> | Suite 1100 | | |
| <i>PLC</i> | Arlington, VA | | |
| | 22209 | | |
| | United States | | |

**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 | | Please see Transition Plan and Reimbursement Request Narrative |

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 | AT71-500-11 |
| | Year | 2015 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 0.5 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 | EC702HP-BB |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 2.2 kW |
| | Justification for New Transmitter | Moving from pre-transition DTV Channel 14 to post-transition DTV Channel 17; the current transmitter is incompatible with DTV Channel 17 |

**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 | New circuit/ wiring for 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 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**
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 | Top 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) | 1.97 kW |
| | | |

| | |
|--------------|------|
| Manufacturer | |
| Model | SW8 |
| Year | 2015 |

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? | No |
| | 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 | Horizontal |
| | 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) | 15.0 kW |
| | Manufacturer | |
| | | |

| | |
|-------------------------------|--|
| Model | SWEDL8OI /17 |
| Year | 2019 |
| Justification for New Antenna | Moving from Channel 14 to Channel 17; the current antenna is a Channel 14 antenna. |

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

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? | No |

Outside Professional Services Costs

| Section | Question | Response |
|--|--|----------|
| Outside Project Management Services | Do you require outside project management services? | No |
| | Number of Hours | N/A |
| | Explanation | N/A |
| 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 | 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 | 2 |
| | 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 | 2 |
| | 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 Services 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? | No |
| 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 | Yes |
| Other Miscellaneous Expenses | 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? | No |
| | Does this relocation require Equipment Storage? | No |
| | 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? | No |

**Other
Expenses**

Other Expenses Not Listed

| Name | Description |
|--|--|
| Additional Legal Expenses in Connection with Transition | Legal fees for advising station regarding displacement and transition to new DTV Channel |

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 EC702HP-BB | \$126,678.55 | \$69,089.15 | | \$69,089.15 | |
| Other Electrical Service: New circuit/ wiring for new transmitter | \$678.55 | \$678.55 | N/A | \$678.55 | N/A |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$126,000.00 | \$68,410.60 | N/A | \$68,410.60 | N/A |
| Sub-total | \$126,678.55 | \$69,089.15 | N/A | \$69,089.15 | N/A |
| Total for all systems | \$171,459.26 | \$112,764.86 | N/A | \$98,182.36 | N/A |

Components

| Actual Information | |
|---|---|
| Description | File Name |
| Other Electrical Service: New circuit/ wiring for new transmitter | <div>Component Description: New circuit/ wiring for new transmitter</div> <div>Amount: \$678.55</div> |

UHF - Air Cooled Solid State
Transmitter 1 - 2.5 kW

Component Description:

Transmitter
Equipment

Amount:

\$68,410.60

Component Description:

New circuit and
wiring for new
transmitter

Amount:

N/A

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 SWEDL8OI/17 | \$19,035.71 | \$19,035.71 | | \$19,035.71 | |
| UHF - High Power, Side Mount, basic slot antenna, 15 kW input, horizontally polarized | <i>\$19,035.71</i> | \$19,035.71 | See other line item | \$19,035.71 | N/A |
| Sub-total | \$19,035.71 | \$19,035.71 | N/A | \$19,035.71 | N/A |
| Total for all systems | \$171,459.26 | \$112,764.86 | N/A | \$98,182.36 | N/A |

Components

| Actual Information | |
|---|-------------------------------|
| Description | File Name |
| UHF - High Power, Side Mount, basic slot antenna, 15 kW input, horizontally polarized | Component Description: |
| | Antenna Equipment |
| | Amount: |
| | \$12,735.71 |
| | Component Description: |
| | Antenna installation services |
| | Amount: |
| | \$6,300.00 |

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 | \$24,215.00 | \$22,905.00 | | \$9,317.86 | |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,580.00 | N/A | \$662.50 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$6,000.00 | Form more complex/ time-consuming than initially expected | \$5,112.50 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$3,025.00 | \$550.00 | N/A | \$542.86 | N/A |

| | | | | | |
|--|--------------|--------------|-----|-------------|-----|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$3,000.00 | N/A |
| Prepare request for Special Temporary Authorization | \$4,100.00 | \$2,050.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,365.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$7,360.00 | \$7,360.00 | N/A | N/A | N/A |
| Sub-total | \$24,215.00 | \$22,905.00 | N/A | \$9,317.86 | N/A |
| Total for all systems | \$171,459.26 | \$112,764.86 | N/A | \$98,182.36 | N/A |

Components

Actual Information
Description

File Name

| | | |
|---|-------------------------------|--|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Component Description: | Preparation of legal section of license to cover application |
| | Amount: | \$150.00 |
| | Component Description: | Preparation of engineering section of License to Cover Application |
| | Amount: | \$512.50 |
| Prepare and or review reimbursement form | Component Description: | Legal services for preparation and filing of Form 399 |
| | Amount: | \$1,125.00 |
| | Component Description: | Legal services for preparation and filing of Form 399 |
| | Amount: | \$2,212.50 |
| | Component Description: | Legal services for preparation and filing of Form 399 |
| | Amount: | \$1,775.00 |

| | | | | | | | | | | | | | |
|---|---|-------------------------------|---|----------------|------------|-------------------------------|---|----------------|----------|-------------------------------|---|----------------|---------|
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="713 174 1023 210">Component Description:</td><td data-bbox="1155 174 1326 286">Legal fees for Form 2100 CP Application</td></tr> <tr> <td data-bbox="713 297 823 327">Amount:</td><td data-bbox="1155 297 1238 327">\$17.86</td></tr> <tr> <td data-bbox="713 434 1023 470">Component Description:</td><td data-bbox="1155 434 1326 546">Legal fees for Form 2100 CP Application</td></tr> <tr> <td data-bbox="713 557 823 586">Amount:</td><td data-bbox="1155 557 1254 586">\$450.00</td></tr> <tr> <td data-bbox="713 694 1023 730">Component Description:</td><td data-bbox="1155 694 1326 806">Legal fees for Form 2100 CP Application</td></tr> <tr> <td data-bbox="713 817 823 846">Amount:</td><td data-bbox="1155 817 1238 846">\$75.00</td></tr> </table> | Component Description: | Legal fees for Form 2100 CP Application | Amount: | \$17.86 | Component Description: | Legal fees for Form 2100 CP Application | Amount: | \$450.00 | Component Description: | Legal fees for Form 2100 CP Application | Amount: | \$75.00 |
| Component Description: | Legal fees for Form 2100 CP Application | | | | | | | | | | | | |
| Amount: | \$17.86 | | | | | | | | | | | | |
| Component Description: | Legal fees for Form 2100 CP Application | | | | | | | | | | | | |
| Amount: | \$450.00 | | | | | | | | | | | | |
| Component Description: | Legal fees for Form 2100 CP Application | | | | | | | | | | | | |
| Amount: | \$75.00 | | | | | | | | | | | | |
| <p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="713 983 1023 1019">Component Description:</td><td data-bbox="1155 983 1318 1135">Displacement Application Engineering Services</td></tr> <tr> <td data-bbox="713 1146 823 1176">Amount:</td><td data-bbox="1155 1146 1273 1176">\$3,000.00</td></tr> </table> | Component Description: | Displacement Application Engineering Services | Amount: | \$3,000.00 | | | | | | | | |
| Component Description: | Displacement Application Engineering Services | | | | | | | | | | | | |
| Amount: | \$3,000.00 | | | | | | | | | | | | |
| <p>Prepare request for Special Temporary Authorization</p> | <p>Information not provided.</p> | | | | | | | | | | | | |
| <p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p> | <p>Information not provided.</p> | | | | | | | | | | | | |
| <p>Attorney Fees - Prepare and File request for Special Temporary Authorization</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 |
|---|-----------------------------|----------------|---------------------------------------|-------------|---------------------------|
| Other Expenses | \$1,530.00 | \$1,735.00 | | \$739.64 | |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$335.00 | N/A | \$170.00 | N/A |
| Additional Legal Expenses in Connection with Transition | \$1,000.00 | \$1,000.00 | N/A | \$569.64 | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$400.00 | Two (2) STA Requests at \$200.00 each | N/A | N/A |
| Sub-total | \$1,530.00 | \$1,735.00 | N/A | \$739.64 | N/A |
| Total for all systems | \$171,459.26 | \$112,764.86 | N/A | \$98,182.36 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| FCC Filing Fees - Form 2100 license to cover application | <div>Component Description:WMNN-LD license to cover application filing fee</div> <div>Amount:\$170.00</div> |

| | |
|---|---|
| Additional Legal Expenses in Connection with Transition | <div> Component Description: Legal fees for advising station regarding transition in connection with required reports and applications </div> <div> Amount: \$150.00 </div> |
| | <div> Component Description: Legal fees for advising station regarding transition in connection with required reports and applications </div> <div> Amount: \$100.00 </div> |
| | <div> Component Description: Legal fees for advising station regarding transition in connection with required reports and applications </div> <div> Amount: \$57.14 </div> |
| | <div> Component Description: Legal fees for advising station regarding transition in connection with required reports and applications </div> <div> Amount: \$262.50 </div> |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |

| Cost Information | Grand Total | | |
|-----------------------|-----------------------------|----------------|-------------|
| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| Total for all systems | \$171,459.26 | \$112,764.86 | \$98,182.36 |

| 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>Eric Wotila <i>President</i> 09/15/2020</p> |

| 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 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). | |
| | | <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>Eric Wotila <i>President</i></p> <p>09/15/2020</p> |

Attachments