



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility	<b>67836</b>	Service:	<b>LPD</b>	Call	<b>WDMC-LD</b>	Channel:	<b>20 (UHF)</b>
ID:		Sign:					
File	<b>0000089275</b>						
Number:							
FRN:	<b>0001843697</b>	Eligibility	<b>Eligible</b>	Date	<b>01/22</b>		
		Status:		Submitted:	<b>/2021</b>		

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WORD OF GOD FELLOWSHIP, INC.</b>	Arnold Torres 3901 HIGHWAY 121 SOUTH BEDFORD, TX 76021 United States	+1 (817) 571-1229	arnold. torres@daystar. com	Not-for- Profit

## 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
<b>Samuel Hariton</b> <i>Widely, Inc.</i>	Samuel Hariton 4031 University Drive Ste 100 Fairfax, VA 22030 United States	+1 (339) 222- 8107	sam.hariton@widely. 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	WDMC will transition from channel 25 to channel 20 by changing its antenna and transmitter. WDMC will not change tower sites.

**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)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	AT73-1k5
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.5 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	TXUD1200AC
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Moving from channel 25 to channel 20 requires the purchase of a new transmitter because the current transmitter cannot be rechanneled to meet the new channel assignment.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	Yes
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No



	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
HVAC Service	Does the replacement transmitter require HVAC Service?	No
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

Primary Transmitter

Other Transmitter Cost Not Listed

Name		Description
Primary Transmitter-Retune Mask Filter		Primary Transmitter-Retune Mask Filter



**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes



**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Ownership	Owned
	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
<b>Existing Antenna Manufacturer and Type</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	SWLP12BF
	Year	2012



**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
<b>New Antenna Manufacturer and Types</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	8.0 kW
	Manufacturer	
	Model	SWEDL8EC /20
	Year	2019
	Justification for New Antenna	Existing antenna cannot accommodate channel 20 operations.

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes



	Broadband or Single Channel?	Single Channel
	Feed Line Size	1 5/8 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Antenna removal and installation	Antenna removal and installation



**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)
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	35° 17' 07.0" N-
	Longitude (NAD83)	080° 41' 11.0" W-
	Overall Structure Height	1393.03 feet



Support Structure Height	1345.13 feet
Ground Elevation Above Mean Sea Level (AMSL)	646.65 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	American Towers, LLC
Date Constructed	01/26/2009

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
20339	WSOC-FM	FM
67967	WCEE-LD	LPT
156606	W256BP	FX
20338	WKQC	FM
87356	W202BW	FX

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No 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**

Name	Description
Tower Construction Drawings	Tower Construction Drawings



**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	254
	Explanation	WDMC-LD requires the aid of outside project management services in order to fulfill the requirements of the repack. WDMC-LD does not have sufficient resource capacity and expertise in house to handle all repack requirements
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for displacement application	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



<b>Attorney and Other Outside Consulting Services</b>	Quantity	1
	Prepare Form 601	No
	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
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	No

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Services not provided.



**Other  
Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	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
<b>Point to Point Microwave (STL/ICR)</b>	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

**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 TXUD1200AC	\$94,250.00	\$86,250.00		\$1,434.84	
Primary Transmitter-Retune Mask Filter	\$250.00	\$250.00	Please see WDMC-LD Primary Transmitter-Retune Mask Filter Budget Revision Justification Letter	\$250.00	N/A
Transmitter Building Site Survey /Installation	\$10,000.00	\$6,000.00	N/A	\$1,184.84	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$84,000.00	\$80,000.00	N/A	N/A	N/A
Sub-total	\$94,250.00	\$86,250.00	N/A	\$1,434.84	N/A
Total for all systems	\$359,859.50	\$220,135.00	N/A	\$6,740.94	N/A

Components

Actual Information	
Description	File Name
Primary Transmitter-Retune Mask Filter	Component Description: Retune Amount: \$250.00



Transmitter Building Site Survey/Installation	<div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Repack travel expenses and supplies \$1,184.84 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Invoice moved to correct budget category. N/A </div> </div>
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	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
<b>Primary Antenna SWEDL8EC/20</b>	<b>\$38,430.00</b>	<b>\$32,300.00</b>		<b>\$0.00</b>	
UHF-Low Power, Side Mount, Slotted Coaxial, 8.0kW input, Horizontal	<i>\$25,800.00</i>	\$25,800.00	N/A	N/A	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$5,000.00	N/A	N/A	N/A
Elbow complex, single channel, 1 5/8" input (if needed)	\$6,900.00	\$1,500.00	N/A	N/A	N/A
Antenna removal and installation	<i>\$0.00</i>	\$0.00	Costs moved to Tower Rigging section	N/A	N/A
<b>Sub-total</b>	<b>\$38,430.00</b>	<b>\$32,300.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$359,859.50</b>	<b>\$220,135.00</b>	<b>N/A</b>	<b>\$6,740.94</b>	<b>N/A</b>

### 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	\$159,750.00	\$27,000.00		\$0.00	
Tower Construction Drawings	<i>\$2,000.00</i>	\$2,000.00	Please see WDMC Tower Construction Drawings Budget Revision Justification Letter	\$0.00	N/A
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$25,000.00	Previously approved antenna removal and installation budget moved to appropriate category	N/A	N/A
Sub-total	\$159,750.00	\$27,000.00	N/A	\$0.00	N/A
Total for all systems	\$359,859.50	\$220,135.00	N/A	\$6,740.94	N/A

**Components**

Actual Information Description	File Name
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Tower Construction Drawings	<table><tr><td data-bbox="692 174 1002 210"><b>Component Description:</b></td><td data-bbox="1134 174 1350 286">PO LINE# I CONSTRUCTION DRAWINGS</td></tr><tr><td data-bbox="692 297 804 329"><b>Amount:</b></td><td data-bbox="1134 297 1254 329">\$2,000.00</td></tr></table>	<b>Component Description:</b>	PO LINE# I CONSTRUCTION DRAWINGS	<b>Amount:</b>	\$2,000.00
<b>Component Description:</b>	PO LINE# I CONSTRUCTION DRAWINGS				
<b>Amount:</b>	\$2,000.00				
Tower Rigging Tall Tower (greater than 500')	Information not provided.				



## Cost Information

### Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$54,679.50</b>	<b>\$61,845.00</b>		<b>\$5,306.10</b>	
RF Exposure Measurements	\$12,100.00	\$5,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$2,235.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,000.00	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,500.00	N/A	N/A	N/A
Form 399 assistance or other Program Management costs	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A



Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,500.00	N/A	N/A	N/A
Project management of the transition	\$26,797.00	\$41,910.00	Please see Widelity Quote dated 4.20.20	\$5,306.10	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$1,280.00	\$1,200.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$54,679.50	\$61,845.00	N/A	\$5,306.10	N/A
<b>Total for all systems</b>	\$359,859.50	\$220,135.00	N/A	\$6,740.94	N/A

## Components

Actual Information	
Description	File Name
RF Exposure Measurements	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	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Perform engineering study for displacement application	Information not provided.
Form 399 assistance or other Program Management costs	Information not provided.
Prepare/ Review 399 reimbursement form	Information not provided.



Project management of the transition	<b>Component Description:</b> Project Management <b>Amount:</b> \$145.00
	<b>Component Description:</b> Project management <b>Amount:</b> \$802.55
	<b>Component Description:</b> Project management <b>Amount:</b> \$845.65
	<b>Component Description:</b> Project Management <b>Amount:</b> \$2,591.80
	<b>Component Description:</b> Project management <b>Amount:</b> \$341.20
	<b>Component Description:</b> Project management <b>Amount:</b> \$579.90
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
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
<b>Other Expenses</b>	<b>\$12,750.00</b>	<b>\$12,740.00</b>		<b>\$0.00</b>	
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,100.00	N/A	N/A	N/A
Equipment Storage	<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>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$305.00	\$305.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$12,750.00</b>	<b>\$12,740.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$359,859.50</b>	<b>\$220,135.00</b>	N/A	<b>\$6,740.94</b>	N/A



## Components

Information not provided.



<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$359,859.50	\$220,135.00
			\$6,740.94

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



Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	



4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.



8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Arnold  
Torres**  
*Business  
Administrator*

01/22/2021



Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	



4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.



<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Arnold Torres</b> <i>Business Administrator</i></p> <p>01/22/2021</p>

## Attachments