



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

| | | | | | | | |
|----------|-------------------|-------------|-----------------|------------|----------------|----------|-----------------|
| Facility | 69792 | Service: | LPD | Call | KPXG-LD | Channel: | 21 (UHF) |
| ID: | | Sign: | | | | | |
| File | 0000089127 | | | | | | |
| Number: | | | | | | | |
| FRN: | 0001843697 | Eligibility | Eligible | Date | 01/22 | | |
| | | Status: | | Submitted: | /2021 | | |

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-------------------------------------|-----------------------------------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| WORD OF GOD FELLOWSHIP, INC. | 3901 HIGHWAY 121 SOUTH BEDFORD, TX 76021 United States | +1 (817) 799- 2138 | ARNOLD. TORRES@DAYSTAR. 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 |
|----------------------------------------------|------------------------------------------------------------------------------------------|-----------------------|----------------------------|
| Samuel Hariton <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 | KPXG will transition from channel 42 to channel 21 by changing its antenna and transmitter. KPXG 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 | TAU-2K50-AA |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 2.5 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 | TXUD1800AC D |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 1.8 kW |
| | Justification for New Transmitter | Moving from channel 42 to channel 21 requires the purchase of a new transmitter because the current transmitter cannot be re- channeled 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 | Yes |
| | Description | Provide power for new translator, install breaker, provide conduit pathway from panel to transmitter, and other electric expenses |
| 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**
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) |
| | Ownership | Owned |
| | 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? | Yes |
| Existing Antenna Manufacturer and Type | Mounting | Top Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | Model | TUF-04-14 /56H-1-T |
| | Year | 2009 |

**Primary
Antenna**

New Antenna Costs

| Section | Question | Response |
|-----------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|
| New Antenna Description | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Ownership | Owned |
| | Is antenna shared? | No |
| | Is antenna directional? | No |
| | Will antenna be located on or in close proximity to an antenna farm? | Yes |
| New Antenna Manufacturer and Types | Mounting | Top Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | Model | TUF-O4-14 /56H-1-T |
| | Year | 2019 |
| | Justification for New Antenna | Existing antenna cannot accommodate channel 21 operations. |

**Primary
Antenna**

Other Antenna Costs

| Section | Question | Response |
|----------------------|------------------------------------------------------------|----------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | | |

| | | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------|
| | Broadband or Single Channel? | Single Channel |
| | Feed Line Size | 7 3/16 inches inches |
| 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? | 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? | No |

Outside Professional Services Costs

| Section | Question | Response |
|--------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 254 |
| | Explanation | KPXG-LD does not have sufficient resource capacity and expertise in house to handle all activities necessary for completion of the station's build by the construction deadline. KPXG-LD will hire an outside firm to facilitate a timely transition. |
| Outside RF consulting Engineering Services | 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 |
| | Quantity | 1 |
| | Prepare Form 601 | No |
| 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 |
| | 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 |
| RF Field Engineering Services | 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 provided.

**Other
Expenses**

| Section | Question | Response |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Permit and Filing Costs | FCC Construction Permit Major Change | 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? | Yes |
| | Does this relocation require Equipment Storage? | Yes |
| Point to Point Microwave (STL/ICR) | 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 TXUD1800AC D | \$95,463.00 | \$74,864.37 | | \$3,987.37 | |
| Other Electrical Service: Provide power for new translator, install breaker, provide conduit pathway from panel to transmitter, and other electric expenses | <i>\$1,463.00</i> | \$1,463.00 | Please see Christenson Electric quote dated 12-17-2019 | \$1,463.00 | N/A |
| Transmitter Building Site Survey /Installation | \$10,000.00 | \$2,524.37 | The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time | \$2,524.37 | N/A |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$84,000.00 | \$70,877.00 | Please see Elettronika America quote 6521 | \$0.00 | N/A |
| Sub-total | \$95,463.00 | \$74,864.37 | N/A | \$3,987.37 | N/A |

| | | | | | |
|------------------------------|--------------|--------------|-----|-------------|-----|
| Total for all systems | \$233,322.50 | \$180,995.02 | N/A | \$16,275.36 | N/A |
|------------------------------|--------------|--------------|-----|-------------|-----|

Components

| Actual Information | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------|
| Description | File Name | |
| Other Electrical Service: Provide power for new translator, install breaker, provide conduit pathway from panel to transmitter, and other electric expenses | Component Description: | BILLING PER QUOTE |
| | Amount: | \$1,463.00 |
| Transmitter Building Site Survey/Installation | Component Description: | Repack travel expenses and supplies |
| | Amount: | \$2,524.37 |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | Component Description: | Digital TV Transmitter |
| | Amount: | \$70,877.00 |

Cost
Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Antenna TUF- O4-14/56H-1-T | \$70,430.00 | \$60,800.00 | | \$0.00 | |
| UHF-Low Power, Top Mount, Slotted Coaxial, 15.0 kW 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, at antenna input, per 7 3 /16. feedline (if needed) | \$13,900.00 | \$5,000.00 | N/A | N/A | N/A |
| Antenna removal and installation | <i>\$25,000.00</i> | \$25,000.00 | N/A | N/A | N/A |
| Sub-total | \$70,430.00 | \$60,800.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$233,322.50 | \$180,995.02 | N/A | \$16,275.36 | N/A |

Components

Information not provided.

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 | \$54,679.50 | \$32,590.65 | | \$10,155.65 | |
| RF Exposure Measurements | \$12,100.00 | \$7,500.00 | 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 |
| Prepare/ Review 399 reimbursement form | \$1,710.00 | \$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 |
| Perform engineering study for displacement application | \$1,800.00 | \$1,500.00 | N/A | N/A | N/A |

| | | | | | |
|----------------------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|
| Prepare request for Special Temporary Authorization | \$1,280.00 | \$1,200.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$2,102.50 | \$2,000.00 | 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 |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$3,025.00 | \$3,000.00 | 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 |
| Project management of the transition | \$26,797.00 | \$10,155.65 | The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time. | \$10,155.65 | Please see submitted invoices |
| Sub-total | \$54,679.50 | \$32,590.65 | N/A | \$10,155.65 | N/A |

| | | | | | |
|------------------------------|--------------|--------------|-----|-------------|-----|
| Total for all systems | \$233,322.50 | \$180,995.02 | N/A | \$16,275.36 | 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. |
| Prepare/ Review 399 reimbursement form | Information not provided. |
| Form 399 assistance or other Program Management costs | Information not provided. |
| Perform engineering study for displacement application | Information not provided. |
| Prepare request for Special Temporary Authorization | Information not provided. |
| Prepare engineering section of 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. |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |

Project management of the transition

Component Description: Project Management
Amount: \$1,516.20

Component Description: Project Management
Amount: \$549.55

Component Description: Project Management
Amount: \$51.25

Component Description: Project Management
Amount: \$1,861.30

Component Description: Project management
Amount: \$158.65

Component Description: Project Management
Amount: \$1,358.15

Component Description: Project Management
Amount: \$4,660.55

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 | \$12,750.00 | \$12,740.00 | | \$2,132.34 | |
| Equipment Delivery and Handling Charges | <i>\$5,000.00</i> | \$5,000.00 | N/A | \$2,132.34 | 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 |
| 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 |
| Sub-total | \$12,750.00 | \$12,740.00 | N/A | \$2,132.34 | N/A |
| Total for all systems | \$233,322.50 | \$180,995.02 | N/A | \$16,275.36 | N/A |

Components

| Actual Information | |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Description | File Name |
| Equipment Delivery and Handling Charges | Component Description: Freight Amount: \$1,299.20 |
| | Component Description: Labor Amount: \$980.00 |
| | Component Description: KGW-TV Transmit Amount: \$490.00 |
| | Component Description: 5500LB 19' SHOOTING BOOM FORKLIFT Amount: \$833.14 |
| Equipment Storage | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |

| | | | |
|-------------------------|------------------------------|------------------------------------|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$233,322.50 | \$180,995.02 |
| | | | \$16,275.36 |

| | | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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.

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"> 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>Arnold Torres <i>Business Administrator</i></p> <p>01/22/2021</p> |

Attachments