



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **67780** | Service: **LPD** | Call **WJGP-LD** | Channel: **25 (UHF)**  
ID: | Sign:  
File **0000085192**  
Number:  
FRN: **0005077532** | Eligibility **Eligible** | Date **02/22**  
Status: | Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>TCT OF MICHIGAN, INC.</b> Doing Business As: TCT OF MICHIGAN, INC.	P. O. BOX 1010 MARION, IL 62959 United States	+1 (618) 997- 9333	mjd@tct. tv	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>Michael Daly</b> <i>Secretary</i> <i>TCT of Michigan, Inc.</i>	Legal Department 11717 Route 37 Marion, IL 62959 United States	+1 (618) 997-4700	mjd@tct.tv

## Broadcaster Information and Transition Plan

Question	Response
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<p>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.</p>	<p>No</p>
<p>Briefly describe transition plan</p>	<p>WJGP-LD requires replacement of its existing transmitter and antenna systems due to channel incompatibility and the lack of manufacturer support for the transmitter; however, its existing transmission line is compatible.</p>

<b>Transmitters</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<p><b>Transmitter Related Expenses</b></p>	<p>Do you have transmitter related expenses?</p>	<p>Yes</p>

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	5000w analog
	Year	2000
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2.5 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-4R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.4 kW
	Justification for New Transmitter	Existing transmitter is a legacy analog transmitter who's manufacturer is no longer in business and is unable to supply parts necessary to retune the existing transmitter /mask filter to another channel.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Other Transmitter Costs</b>	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No

<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	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**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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?	No
<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	AL8-OC
	Year	2007

**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<p><b>New Antenna Description</b></p>	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?	No
<p><b>New Antenna Manufacturer and Types</b></p>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power) .....	15.0 kW
	Manufacturer	
	Model	AL8-OC
	Year	2019
Justification for New Antenna	Existing antenna has been tested for VSWR compatibility and is unable to be retuned to WJGP's displacement channel without substantial degradation in performance.	



**Primary  
Antenna**

**Other Antenna Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
<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**

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
<b>Existing Tower Description</b>	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1002563
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	42° 07' 43.8" N-
	Longitude (NAD83)	085° 20' 22.1" W-
	Overall Structure Height	498.68 feet
	Support Structure Height	429.78 feet
	Ground Elevation Above Mean Sea Level (AMSL)	912.06 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	VB-S1 Assets, LLC
Date Constructed	10/23/2000

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	N/A
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
<b>Structural Analysis</b>	Required by Vertical Bridge to proceed with replacement of the antenna system.

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	194
	Explanation	WJGP-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. WJGP-LD will hire an outside firm to facilitate a timely transition.
<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	No
	Prepare Form 601	Yes
<b>Attorney and Other Outside Consulting Services</b>	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	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	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	No
	Additional Field Engineering Service	No

**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

Information 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	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<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?	No
<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
<b>Primary Transmitter UAXTE-4R37</b>	<b>\$84,000.00</b>	<b>\$83,326.43</b>		<b>\$83,326.43</b>	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$84,000.00	\$83,326.43	Please see Estimated Cost Justification WJGP-LD-110-Primary Transmitter - UHF Air Cooled Solid State, 1-2.5 kW V0	\$83,326.43	see submitted invoices
<b>Sub-total</b>	<b>\$84,000.00</b>	<b>\$83,326.43</b>	<b>N/A</b>	<b>\$83,326.43</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$194,507.00</b>	<b>\$188,671.43</b>	<b>N/A</b>	<b>\$87,216.63</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<p><b>Component Description:</b> Transmitter</p> <p><b>Amount:</b> \$8,383.86</p> <p><b>Component Description:</b> Transmitter</p> <p><b>Amount:</b> \$74,942.57</p>

**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 AL8-OC</b>	<b>\$12,230.00</b>	<b>\$11,500.00</b>		<b>\$0.00</b>	
Sweep test of transmission line and antenna	\$5,730.00	\$5,000.00	N/A	N/A	N/A
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Horizontal	<i>\$6,500.00</i>	\$6,500.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$12,230.00</b>	<b>\$11,500.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$194,507.00</b>	<b>\$188,671.43</b>	<b>N/A</b>	<b>\$87,216.63</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
<b>Primary Tower GTOWER</b>	<b>\$60,190.00</b>	<b>\$46,000.00</b>		<b>\$0.00</b>	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$42,000.00	N/A	\$0.00	N/A
Structural Analysis	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$60,190.00</b>	<b>\$46,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$194,507.00</b>	<b>\$188,671.43</b>	<b>N/A</b>	<b>\$87,216.63</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Tower Rigging Short Tower (less than 500')	<b>Component Description:</b> TRIP CHARGE <b>Amount:</b> \$6,175.08
Structural Analysis	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>\$36,252.00</b>	<b>\$46,010.00</b>		<b>\$3,890.20</b>	
Perform engineering study for displacement application	\$1,800.00	\$1,800.00	N/A	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$500.00	N/A	N/A	N/A
Form 399 assistance or other Program Management costs	<i>\$500.00</i>	\$500.00	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
Prepare Form 601	\$755.00	\$700.00	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
Attorney Fees - Negotiation of lease and other matters for shared locations	\$3,262.50	\$3,000.00	N/A	N/A	N/A
Project management of the transition	\$20,467.00	\$32,010.00	Please see Widely Strategic Support Quote	\$3,890.20	N/A
<b>Sub-total</b>	\$36,252.00	\$46,010.00	N/A	\$3,890.20	N/A
<b>Total for all systems</b>	\$194,507.00	\$188,671.43	N/A	\$87,216.63	N/A

## Components

Actual Information	
Description	File Name
Perform engineering study for displacement application	Information not provided.
Prepare/ Review 399 reimbursement form	Information not provided.

Form 399 assistance or other Program Management costs	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.																
Prepare Form 601	Information not provided.																
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.																
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.																
Project management of the transition	<table> <tr> <td><b>Component Description:</b></td> <td>Project management</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$271.25</td> </tr> <tr> <td><b>Component Description:</b></td> <td>Project Management</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$139.50</td> </tr> <tr> <td><b>Component Description:</b></td> <td>Project management</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$206.35</td> </tr> <tr> <td><b>Component Description:</b></td> <td>Project management</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$306.85</td> </tr> </table>	<b>Component Description:</b>	Project management	<b>Amount:</b>	\$271.25	<b>Component Description:</b>	Project Management	<b>Amount:</b>	\$139.50	<b>Component Description:</b>	Project management	<b>Amount:</b>	\$206.35	<b>Component Description:</b>	Project management	<b>Amount:</b>	\$306.85
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**Component Description:** Project  
Management  
**Amount:** \$496.90

**Component Description:** Project  
Management  
**Amount:** \$400.05

**Component Description:** Project  
Management  
**Amount:** \$152.95

**Component Description:** Project  
Management  
**Amount:** \$1,036.90

**Component Description:** Project  
Management  
**Amount:** \$850.70

**Component Description:** Project  
Management  
**Amount:** \$28.75

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**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>\$1,835.00</b>	<b>\$1,835.00</b>		<b>\$0.00</b>	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,835.00	\$1,835.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$194,507.00	\$188,671.43	N/A	\$87,216.63	N/A

**Components**

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$194,507.00	\$188,671.43	\$87,216.63

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
The facility has ceased operating on its pre-auction channel.	Yes
Construction of final facilities or all necessary modifications are complete.	Yes
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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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 data-bbox="758 772 1053 1176">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 data-bbox="758 1198 1037 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="758 1467 1045 1747">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.

**Michael  
Daly**  
*Secretary*

02/22/2021

Certification	Section	Question	Response
	<b>Submission of Actual Cost Documentation Statements</b>	<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.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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

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

**Michael  
Daly**  
*Secretary*

02/22/2021

Certification	Section	Question	Response
	<p><b>Submission of Final Allocation or Accounting Information Statements</b></p>	<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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>2. 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>	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Michael  
Daly**  
*Secretary*

02/22/2021

## Attachments