



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility	74373	Service:	LPD	Call	WOIW-LD	Channel:	17 (UHF)
ID:				Sign:			
File	0000086297						
Number:							
FRN:	0004378071	Eligibility	Eligible	Date	02/22		
		Status:		Submitted:	/2021		

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
American Christian Television Services, Inc.	1844 Baty Road Lima, OH 45807 United States	+1 (419) 339-4444	kbowers@wtlw.com	Corporation

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
The Preparer is same as the reimbursement contact.			

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>WOIW-LD has transitioned from channel 23 to channel 17 and is operating with a license to operate.</p>

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

**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	AT7120
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	120 W

**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	UAXTE-4R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2173 W
	Justification for New Transmitter	The existing transmitter is not capable of being tuned to channel 17 and cannot meet the requirements of the displacement construction permit. The existing output mask filter is channel-specific and must be replaced to accommodate the new channel.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs		

	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
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**
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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Cone
	ERP: (Effective Radiated Power)	3.0 kW
	Manufacturer	
	Model	Ultra Blaster
	Year	1992

**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?	No
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	TLP-16A/VP
	Year	2019
Justification for New Antenna	The replaced antenna was designed for channel 23 and would not work for channel 17.	

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
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Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
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?	Yes

Primary Antenna

Other Antenna Cost Not Listed

Name	Description
Antenna Shipping	Shipment of antenna from Dielectric.
Parts Shipping	Additional shipping for component parts.

**Transmission
Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary
Transmission
Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	623 feet per run

**Primary
Transmission
Line** **New Transmission Line**

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Type	Flexible Air
	Diameter	3 inches
	Number of parallel runs	1
	Length	125 feet per run
	Justification for New Transmission Line	125 ft purchased to extend existing and reusable 2.25" line on tower.
Interior RF Systems	Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators?	No

**Primary
Transmission
Line** **Other Transmission Line Expenses Not Listed**

Information not provided.

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	Move Equipment
	Tower Use	Primary (Main)
	Ownership	Owned
	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	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1012894
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	40° 45' 47.0" N-
	Longitude (NAD83)	084° 11' 01.0" W-
	Overall Structure Height	720.14 feet
	Support Structure Height	660.10 feet
	Ground Elevation Above Mean Sea Level (AMSL)	826.76 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Christian Television Services Inc.
Date Constructed	02/27/2019

**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
1222	WTLW	DTV
74294	WWSR	FM

Other Types of Users

Users
Internet Provid
Radio Communica

**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
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Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	No
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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	No
	Prepare request for Special Temporary Authority	No
	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	No

RF Field Engineering Services	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
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	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
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
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

Name	Description
Removal of Previous Antenna	Removal of old antenna and transmission line.

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 UAXTE-4R37	\$84,000.00	\$68,884.51		\$68,844.51	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$84,000.00	\$68,884.51	Reduced reimbursement request by \$12,100.	\$68,844.51	As per GatesAir Invoices
Sub-total	\$84,000.00	\$68,884.51	N/A	\$68,844.51	N/A
Total for all systems	\$319,242.00	\$184,080.63	N/A	\$143,240.24	N/A

Components

Actual Information Description	File Name
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UHF - Air Cooled Solid State
Transmitter 1 - 2.5 kW

Component Description: UAXTE-4R37
Transmitter
Amount: \$13,806.27

Component Description: UAXTE-4R37
Transmitter
Amount: \$26,311.23

Component Description: Parts Shipping
Amount: \$752.78

Component Description: Transmitter
Shipping
Amount: \$1,663.00

Component Description: UAXTE-4R37
Transmitter
Amount: \$26,311.23

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 TLP-16A/VP	\$46,457.00	\$44,467.43		\$7,250.37	
Antenna Shipping	<i>\$3,510.00</i>	\$3,510.00	N/A	\$3,510.00	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$3,740.43	N/A	\$3,740.37	N/A
Parts Shipping	<i>\$0.00</i>	\$0.00	N/A	\$0.00	No longer requested.
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Elliptical	<i>\$37,217.00</i>	\$37,217.00	N/A	\$0.00	VPOL
Sub-total	\$46,457.00	\$44,467.43	N/A	\$7,250.37	N/A
Total for all systems	\$319,242.00	\$184,080.63	N/A	\$143,240.24	N/A

Components

Actual Information	
Description	File Name
Antenna Shipping	<p>Component Description: Shipping and Freight</p> <p>Amount: \$3,510.00</p>

Sweep test of transmission line and antenna	<p>Component Description: Line Sweep. Amount: \$3,740.37</p>
Parts Shipping	<p>Component Description: Expedited shipping Amount: \$281.33</p>
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Elliptical	<p>Component Description: Channel 17 antenna Amount: \$16,747.65</p> <p>Component Description: Duplicate Amount: Disregard N/A</p> <p>Component Description: Channel 17 antenna Amount: \$20,469.35</p>

Cost Information

Transmission Line

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 Transmission Line	\$7,375.00	\$6,515.14		\$2,931.81	
Flexible Air Transmission Line - dielectric, 3"	\$7,375.00	\$6,515.14	N/A	\$2,931.81	N/A
Sub-total	\$7,375.00	\$6,515.14	N/A	\$2,931.81	N/A
Total for all systems	\$319,242.00	\$184,080.63	N/A	\$143,240.24	N/A

Components

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 3"	Component Description: 125 ft of heliax to extend repurposed used line.
	Amount: \$2,931.81
	Component Description: 3" Heliac to extend 125 ft used transmission line
	Amount: \$3,583.33

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 GTOWER	\$166,250.00	\$50,200.00		\$50,200.00	
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$41,700.00	N/A	\$41,700.00	N/A
Structural Analysis	<i>\$8,500.00</i>	\$8,500.00	N/A	\$8,500.00	N/A
Sub-total	\$166,250.00	\$50,200.00	N/A	\$50,200.00	N/A
Total for all systems	\$319,242.00	\$184,080.63	N/A	\$143,240.24	N/A

Components

Actual Information		
Description	File Name	
Tower Rigging Tall Tower (greater than 500')	Component Description:	Antenna and transmission line installation.
	Amount:	\$27,800.00
	Component Description:	Transmission Line and Antenna Install
	Amount:	\$13,900.00

Structural Analysis

Component Description:

Tower inspection
and analysis

Amount:

\$8,500.00

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	\$10,650.00	\$9,503.55		\$9,503.55	
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,414.80	N/A	\$1,414.80	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$3,873.75	N/A	\$3,873.75	Adjusted invoice 1516076 to correct amount.
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,557.50	N/A	\$1,557.50	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$1,050.00	N/A	\$1,050.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$1,607.50	N/A	\$1,607.50	N/A
Sub-total	\$10,650.00	\$9,503.55	N/A	\$9,503.55	N/A

Total for all systems	\$319,242.00	\$184,080.63	N/A	\$143,240.24	N/A
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Components

Actual Information	
Description	File Name
Prepare/ Review 399 reimbursement form	Component Description: Form 399 Review Amount: \$213.75
	Component Description: Form 300 Review Amount: \$1,201.05
Attorney Fees - Prepare and File request for Special Temporary Authorization	Component Description: STA Application Amount: \$2,656.25
	Component Description: STA legal review Amount: \$111.25
	Component Description: Eve Reed .35 hours at \$795 per hour Amount: \$198.75
	Component Description: STA Legal Assistance: Amount: \$907.50
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Component Description: License to Operate Application Amount: \$1,557.50

<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description:</p>	<p>Engineering for construction permit application.</p>
	<p>Amount:</p>	<p>\$1,050.00</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description:</p>	<p>Eve Reed, Attorney .25 hours</p>
	<p>Amount:</p>	<p>\$198.75</p>
	<p>Component Description:</p>	<p>Displacement CP Application</p>
	<p>Amount:</p>	<p>\$198.75</p>
	<p>Component Description:</p>	<p>Displacement CP Application</p>
	<p>Amount:</p>	<p>\$613.75</p>
	<p>Component Description:</p>	<p>Eve Reed, Attorney, 1 hour</p>
	<p>Amount:</p>	<p>\$795.00</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	\$4,510.00	\$4,510.00		\$4,510.00	
Removal of Previous Antenna	<i>\$4,510.00</i>	\$4,510.00	N/A	\$4,510.00	N/A
Sub-total	\$4,510.00	\$4,510.00	N/A	\$4,510.00	N/A
Total for all systems	\$319,242.00	\$184,080.63	N/A	\$143,240.24	N/A

Components

Actual Information	
Description	File Name
Removal of Previous Antenna	<p>Component Description: Removal of previous transmission line and antenna.</p> <p>Amount: \$4,510.00</p>

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$319,242.00	\$184,080.63	\$143,240.24

Reimbursement Status

Question	Response
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.	Yes

Certification	Section	Question	Response
	<p>Submission of Estimated Expenses Statements</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 1061 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 data-bbox="758 1198 1061 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. <li data-bbox="758 1467 1061 1758">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.

**Kevin
Bowers**
President

02/22/2021

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.

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.

**Kevin
Bowers**
President

02/22/2021

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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 data-bbox="758 772 1037 1456">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 data-bbox="758 1478 1037 1758">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. 	

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.

Kevin Bowers
President

02/22/2021

Attachments