

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 181989 Service: LPD Call WALE-LD Channel:

ID:

16 (UHF) File **0000089662**

Number:

FRN: 0031406812 Eligibility Eligible Date 04/06

Status: Submitted: /2021

Sign:

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------------|-------------|-------------------|
| WOODS COMMUNICATIONS CORPORATION Applicant Doing Business As: WOODS COMMUNICATIONS CORPORATION | ONE WCOV AVENUE MONTGOMERY, AL 36111 United States | +1 (334) 288- 7020 | DAVID@WCOV. | Other |

Reimbursement Contact Name and Information Reimbursement Contact Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|------------------------------|---|-------------------|--------------------------|
| Sam Hariton Widelity Inc. | Sam Hariton 4031 University Drive Suite 100 Fairfax, VA, VA 22030 United States | +1 (339) 222-8107 | sam.hariton@widelity.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. | Yes |
| Briefly describe transition plan | The station will be transitioning from 17 to 16 (482-488 MHz). WALE-LD is planning a like-for-like replacement of its antenna and transmitter, and reuse of its transmission line and tower. |

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 | |
| Manufacturer and Type | Model | ATSC |
| | Year | 2015 |
| | Туре | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 1.0 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 | TRN-U- 2000-FA |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 2 kW |
| | Justification for New Transmitter | The 2kW transmitter will come with a full service mask filter (8-port) and not the 6-port. The 8-port filter has more Insertion loss which the station will need to move up to get to its 1.0 kW TPO, also the power will not need to be updated. |

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 leashold improvement? | No |

Primary
Transmitter

Other Transmitter Cost Not Listed

Transmitter 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 | Mounting | Side Mount |
| Manufacturer and Type | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Туре | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | Model | TLP-12- S254 |
| | Year | 2015 |

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? | Yes |
| | 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 |
| | Туре | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | Model | TLP-12- S254 |
| | Year | 2019 |
| | Justification for New Antenna | The new antenna is required because of the change of channel. The existing antenna is channel-specific. |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|--------------------------|---|----------|
| 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

Information not provided.

| Transmission Seffien | Question | Response |
|------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | Yes |

Primary Transmission

Existing Transmission Line

| Section | Question | Response |
|--|--|---------------------|
| Existing Transmission Line Description | Type of change | Utilize Existing |
| | 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 | Dielectric |
| | Туре | Flexible Air |
| | Diameter | 1 5/8 inches |
| | Number of parallel runs | 1 |
| | Length | 800 feet per run |

Other Transmission Line Expenses Not Listed

| Transmission | Name | Description |
|--------------|--|--|
| | Primary Transmission Line - Additional Parts | Primary Transmission Line - Additional Parts |

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 | Type of change | Modify Existing |
| Description | 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 | No |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | No |
| Existing Tower | Do you have a tower registration number? | Yes |
| Structure Registration | ASR Number | 1038437 |
| Coordinates (| Latitude (NAD83) | 32° 20' 07.0" N- |
| NAD83 (North American Datum | Longitude (NAD83) | 086° 17' 16.0" W- |
| of 1983)) | Overall Structure Height | 792.97 feet |
| | Support Structure Height | 792.97 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 206.03 feet |
| | Structure Type | NTOWER - Multiple Structures |

| Tower Owner | WOODS COMMUNICATIONS CORP DBA = WCOV TV |
|------------------|---|
| Date Constructed | 06/01/1997 |

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 |
|-------------|-----------|---------|
| 73642 | WCOV-TV | DTV |
| 29343 | WRBZ | AM |
| 141115 | W259BS | FX |
| 121804 | W220DS | FX |
| 8662 | WWMG | FM |

Primary Tower

Tower Modification Costs

| Section | Question | Response |
|----------------------|--|---|
| Engineering Study | Please what type of engineering study is required, if any: | Study need for guyed or free-standing tower |
| 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**

Information not provided.

Outside Professional

| Section | Question | Response |
|--|---|---|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 254 |
| | Explanation | WALE-LD does not have sufficient resource capacity and expertise in house to handle all of the reimbursement filing, and will hire an outside firm to facilitate and support WALE- LD in these tasks and others to ensure a timely and well managed 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 | No |
| | Prepare Form 601 | Yes |

| Attorney and Other Outside Consulting | Prepare and file Form FCC Construction Permit Application | Yes |
|---------------------------------------|---|-----|
| Services | 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 | No |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | No |

Outside

Other Professional Services Expenses Not Listed

Professional Services registrated.

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 | Yes |
| | FCC Construction Permit Minor Change | Yes |
| | FCC License to Cover Application | Yes |
| | 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

Information not provided.

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 TRN-U- 2000-FA | \$84,000.00 | \$80,800.00 | | \$80,800.00 | |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$84,000.00 | \$80,800.00 | Please see Anywave Communication Technologies Quote PR1910- 0497 Rev | \$80,800.00 | N/A |
| Sub-total | \$84,000.00 | \$80,800.00 | N/A | \$80,800.00 | N/A |
| Total for all systems | \$335,334.02 | \$346,234.52 | N/A | \$134,427.97 | N/A |

| Actual Information Description | File Name | |
|--|------------------------|-------------------------------|
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | Component Description: | 102918.01 - TRN- U-2000-FA |
| | Amount: | \$80,800.00 |

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-12-S254 | \$34,622.23 | \$34,622.23 | | \$24,371.98 | |
| UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Elliptical | \$28,892.23 | \$28,892.23 | Please see DTVPros quote JEHQ1794- 01 and actual shipping charges on invoice 452 | \$24,371.98 | N/A |
| Sweep test of transmission line and antenna | \$5,730.00 | \$5,730.00 | N/A | N/A | N/A |
| Sub-total | \$34,622.23 | \$34,622.23 | N/A | \$24,371.98 | N/A |
| Total for all systems | \$335,334.02 | \$346,234.52 | N/A | \$134,427.97 | N/A |

| Actual Information Description | File Name | |
|---|---------------------------------|--|
| UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Elliptical | Component Description: Amount: | UHF - LOW POWER SIDE MOUNT TV ANT TLP12 S254 \$24,371.98 |
| Sweep test of transmission line and antenna | Information not provided. | |

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 | \$1,774.79 | \$1,774.79 | | \$1,774.79 | |
| Primary Transmission Line - Additional Parts | \$1,774.79 | \$1,774.79 | Please see DTVPros quote JEHQ1794- 01 and actual shipping charges on invoice 452 | \$1,774.79 | N/A |
| Sub-total | \$1,774.79 | \$1,774.79 | N/A | \$1,774.79 | N/A |
| Total for all systems | \$335,334.02 | \$346,234.52 | N/A | \$134,427.97 | N/A |

| Actual Information Description | File Name | |
|---|------------------------|--|
| Primary Transmission Line - Additional Parts | Component Description: | WALE-LD-310- Primary Transmission Line |
| | Amount: | - Additional Parts \$1,774.79 |

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 NTOWER | \$166,450.00 | \$166,450.00 | | \$9,900.00 | |
| Tower Rigging Tall Tower (greater than 500') | \$157,750.00 | \$157,750.00 | N/A | \$9,900.00 | N/A |
| Study needed for guyed or free- standing tower | \$8,700.00 | \$8,700.00 | N/A | N/A | N/A |
| Sub-total | \$166,450.00 | \$166,450.00 | N/A | \$9,900.00 | N/A |
| Total for all systems | \$335,334.02 | \$346,234.52 | N/A | \$134,427.97 | N/A |

| Actual Information Description | File Name | |
|---|---------------------------------|--|
| Tower Rigging Tall Tower (greater than 500') | Component Description: Amount: | (1) Foreman and (4) Skilled Crew Members \$9,900.00 |
| Study needed for guyed or free-standing tower | Information not provided. | |

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 | \$42,082.00 | \$56,182.50 | | \$17,581.20 | |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$3,262.50 | \$2,250.00 | Please see WALE-LD Attorney - Negotiation of Lease and Other Matters Budget Revision Justification Letter | \$2,250.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$1,577.50 | \$1,577.50 | N/A | N/A | N/A |
| Prepare Form 601 | \$755.00 | \$755.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$3,025.00 | \$3,025.00 | N/A | N/A | N/A |

| engineering section of FCC Form 2100 (main), License to Cover Application Perform \$1,800.00 \$1,800.00 N/A \$600.00 N/A engineering study for displacement application Project \$26,797.00 \$41,910.00 See quote from Widelity Prepare \$2,102.50 \$2,102.50 N/A N/A N/A N/A engineering section of FCC Form 2100 (main), Construction Permit Application Prepare/ \$1,710.00 \$1,710.00 N/A N/A N/A N/A Review 399 reimbursement form Sub-total \$42,082.00 \$56,182.50 N/A \$17,581.20 N/A Total for all \$335,334.02 \$346,234.52 N/A \$134,427.97 N/A | | | | | | |
|---|--|--------------|--------------|------|--------------|-----|
| engineering study for displacement application Project \$26,797.00 \$41,910.00 See quote from Widelity Prepare \$2,102.50 \$2,102.50 N/A N/A N/A N/A engineering section of FCC Form 2100 (main), Construction Permit Application Prepare/ \$1,710.00 \$1,710.00 N/A N/A N/A N/A Review 399 reimbursement form Sub-total \$42,082.00 \$56,182.50 N/A \$17,581.20 N/A Total for all \$335,334.02 \$346,234.52 N/A \$134,427.97 N/A | engineering section of FCC Form 2100 (main), License to Cover | \$1,052.50 | \$1,052.50 | N/A | N/A | N/A |
| management of the transition from Widelity Prepare section of FCC Form 2100 (main), Construction Permit Application \$1,710.00 \$1,710.00 N/A N/A N/A N/A Sub-total \$42,082.00 \$56,182.50 N/A \$134,427.97 N/A Total for all \$335,334.02 \$346,234.52 N/A \$134,427.97 N/A | engineering study for displacement | \$1,800.00 | \$1,800.00 | N/A | \$600.00 | N/A |
| engineering section of FCC Form 2100 (main), Construction Permit Application Prepare/ \$1,710.00 \$1,710.00 N/A N/A N/A Review 399 reimbursement form Sub-total \$42,082.00 \$56,182.50 N/A \$17,581.20 N/A Total for all \$335,334.02 \$346,234.52 N/A \$134,427.97 N/A | management | \$26,797.00 | \$41,910.00 | from | \$14,731.20 | N/A |
| Review 399 reimbursement form Sub-total \$42,082.00 \$56,182.50 N/A \$17,581.20 N/A Total for all \$335,334.02 \$346,234.52 N/A \$134,427.97 N/A | engineering section of FCC Form 2100 (main), Construction Permit | \$2,102.50 | \$2,102.50 | N/A | N/A | N/A |
| Total for all \$335,334.02 \$346,234.52 N/A \$134,427.97 N/A | Review 399 reimbursement | \$1,710.00 | \$1,710.00 | N/A | N/A | N/A |
| | Sub-total | \$42,082.00 | \$56,182.50 | N/A | \$17,581.20 | N/A |
| • | Total for all systems | \$335,334.02 | \$346,234.52 | N/A | \$134,427.97 | N/A |

| Actual Information Description | File Name | |
|---|------------------------|---------------------------------|
| Attorney Fees - Negotiation of lease and other matters for shared locations | Component Description: | PHONE CALL(S) W/ KATHY LILES |
| | Amount: | \$2,250.00 |

| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. | |
|---|---------------------------|--|
| Prepare Form 601 | 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 | Component Description: | WALE-LD Fac ID 181989 |
| | Amount: | Montgomery AL: \$150.00 |
| | Component Description: | Discussions regarding use of top-mount |
| | Amount: | antenna \$450.00 |
| Project management of the transition | | |
| transition | Component Description: | Project |
| | Amount: | Management \$166.25 |
| | Component Description | Droject |
| | Component Description: | Project Management |
| | Amount: | \$143.75 |
| | Component Description: | Project |
| | | management |
| | Amount: | \$744.20 |
| | | |

Component Description:

Amount:

Project management

\$3,061.25

Component Description:

Project

Amount:

management \$697.50

Component Description:

Project

Amount:

Management \$813.75

Component Description:

Project

Amount:

Management \$1,172.05

Component Description:

Project

Amount:

Management

\$1,099.20

Component Description:

Project

Amount:

Management \$2,702.35

Component Description:

Project

Amount:

Management

\$685.70

Component Description:

Project

Amount:

Management

\$2,194.40

Component Description:

Project

Amount:

Management

\$468.75

| | Component Description: Amount: | Project Management \$782.05 |
|--|--------------------------------|-----------------------------------|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. | |
| Prepare/ Review 399 reimbursement form | Information not provided. | |

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 | \$6,405.00 | \$6,405.00 | | \$0.00 | |
| FCC Filing Fees - Form 2100 Major change CP application | \$4,960.00 | \$4,960.00 | 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 | \$1,110.00 | N/A | N/A | N/A |
| Sub-total | \$6,405.00 | \$6,405.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$335,334.02 | \$346,234.52 | N/A | \$134,427.97 | N/A |

Components

Information not provided.

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|--------------|
| Total for all systems | \$335,334.02 | \$346,234.52 | \$134,427.97 |

| Reimbursem | envestiatus | 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 |

Section Question Response

Submission of Estimated Expenses Statements

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.

- 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 abovenamed applicant for the Authorization(s) specified above. David Woods President

04/06/2021

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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 certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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 abovenamed applicant for the Authorization(s) specified above. David Woods

President

04/06/2021

Attachments