



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID:	<b>168353</b>	Service:	<b>LPT</b>	Call Sign:	<b>K19MN-D</b>	Channel:	<b>19 (UHF)</b>
File Number:	<b>0000089503</b>						
FRN:	<b>0014920581</b>	Eligibility Status:	<b>Eligible</b>	Date Submitted:	<b>06/08 /2021</b>		

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Pikes Peak Television, Inc.</b> Doing Business As: Pikes Peak Television, Inc.	825 Edmond Street St. Joseph, MO 64501 United States	+1 (816) 271-8505	tim.hannan@npgco.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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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	Please see Transition Plan Description Exhibit

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	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	AT7120
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	120 W

**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-1- P1R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	200 W
	Justification for New Transmitter	Please see Transition Plan Description Exhibit

**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
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**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name		Description
Miscellaneous Electrical		Miscellaneous Electrical
Mask Filter System		Mask Filter System

**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?	Yes
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Panel
	ERP: (Effective Radiated Power) .....	0.5 kW
	Manufacturer	
	Model	560-656 MHZ
	Year	2009

**Facility ID's and Call Signs of  
all stations with whom the  
antenna is shared.**

Facility ID	Call Sign
59014	KOAA-TV

**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
<b>New Antenna Manufacturer and Types</b>	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Panel
	ERP: (Effective Radiated Power)	5.0 kW
	Manufacturer	
	Model	2x3 Broadband Panel
	Year	2019
	Justification for New Antenna	Please see Transition Plan Description Exhibit

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
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<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
<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?	No

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name		Description
Miscellaneous Antenna Costs		Miscellaneous Antenna Costs

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

**Tower Equipment And Rigging Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

**Primary Tower****Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	38° 59' 11.9" N-
	Longitude (NAD83)	105° 04' 09.9" W-
	Overall Structure Height	164.04 feet
	Support Structure Height	164.04 feet
	Ground Elevation Above Mean Sea Level (AMSL)	8979.65 feet

	Structure Type	LTOWER - Lattice Tower
	Tower Owner	NPG
	Date Constructed	10/30/2019

**Primary  
Tower**

**Tower Modification Costs**

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

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
Remove Existing 6 Bay Panel Antenna	Remove Existing 6 Bay Panel Antenna

**Outside  
Professional**

Section	Question	Response
<b>Services Costs</b> <b>Outside Project</b> <b>Management Services</b>	Do you require outside project management services?	No
<b>Outside RF consulting</b> <b>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	No
<b>Attorney and Other</b> <b>Outside Consulting</b> <b>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	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	No

<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

Name	Description
<b>Additional Displacement Legal Services Not Otherwise Specified in Form 399</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
<b>Local City Building Permit for Antenna Installation</b>	Local City Building Permit for Antenna Installation

**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)?	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
<b>Point to Point Microwave (STL/ICR)</b>	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

**Other  
Expenses**

**Other Expenses Not Listed**

Information not provided.

Cost  
Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter UAXTE-1-P1R37	\$29,097.55	\$23,429.33		\$23,429.33	
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	\$24,300.00	\$18,631.78	N/A	\$18,631.78	N/A
Miscellaneous Electrical	\$541.26	\$541.26	N/A	\$541.26	N/A
Mask Filter System	\$4,256.29	\$4,256.29	N/A	\$4,256.29	N/A
Sub-total	\$29,097.55	\$23,429.33	N/A	\$23,429.33	N/A
Total for all systems	\$113,756.93	\$57,548.51	N/A	\$50,245.67	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	<div>Component Description: New UAXTE-1-P1R37 Transmitter</div> <div>Amount: \$18,631.78</div>

Miscellaneous Electrical	<b>Component Description:</b>  <b>Amount:</b>	New 20-amp 208-volt circuit from panel to rack; installation of new 20-amp 2-pole breaker in panel  \$541.26
Mask Filter System	<b>Component Description:</b>  <b>Amount:</b>	Mask Filter System  \$4,256.29



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 2x3 Broadband Panel	\$8,578.39	\$8,578.39		\$6,102.15	
UHF-Low Power, Side Mount, Other, 5.0kW input, Horizontal	\$8,235.54	\$8,235.54	N/A	\$5,759.30	N/A
Miscellaneous Antenna Costs	\$342.85	\$342.85	N/A	\$342.85	N/A
Sub-total	\$8,578.39	\$8,578.39	N/A	\$6,102.15	N/A
Total for all systems	\$113,756.93	\$57,548.51	N/A	\$50,245.67	N/A

Components

Actual Information	
Description	File Name
UHF-Low Power, Side Mount, Other, 5.0kW input, Horizontal	<div><div>Component Description:</div><div>SCALA Broadband Panel Antenna</div><div>Amount:</div><div>\$4,292.57</div></div> <div><div>Component Description:</div><div>SCALA Feed Assembly</div><div>Amount:</div><div>\$1,466.73</div></div>

Miscellaneous Antenna Costs	<table><tr><td data-bbox="726 174 1029 210"><b>Component Description:</b></td><td data-bbox="1166 174 1348 246">UHF Digital Bandpass Filter</td></tr><tr><td data-bbox="726 257 831 293"><b>Amount:</b></td><td data-bbox="1166 257 1262 293">\$342.85</td></tr></table>	<b>Component Description:</b>	UHF Digital Bandpass Filter	<b>Amount:</b>	\$342.85
<b>Component Description:</b>	UHF Digital Bandpass Filter				
<b>Amount:</b>	\$342.85				

**Cost Information**      **Transmission Line**  
Information not provided.

**Cost Information**      **Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower LTOWER	\$62,248.99	\$6,058.99		\$6,058.99	
Remove Existing 6 Bay Panel Antenna	<i>\$6,058.99</i>	\$6,058.99	Additional expenses were incurred as indicated in the attached invoices.	\$6,058.99	Additional expenses were incurred as indicated in the attached invoices.
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$0.00	N/A	N/A	N/A
Sub-total	\$62,248.99	\$6,058.99	N/A	\$6,058.99	N/A
Total for all systems	\$113,756.93	\$57,548.51	N/A	\$50,245.67	N/A

**Components**

Actual Information	
Description	File Name

Remove Existing 6 Bay Panel Antenna	<div> <div> <b>Component Description:</b> </div> <div> Labor to rig tower and remove existing panel antenna </div> </div> <div> <b>Amount:</b> </div> <div> \$2,784.80 </div>
Tower Rigging Short Tower (less than 500')	<div> <div> <b>Component Description:</b> </div> <div> Labor to rig tower and remove Ch. 45 antenna; additional labor for clearing ice from tower and cables; freight and taxes </div> </div> <div> <b>Amount:</b> </div> <div> \$3,274.19 </div>
	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>\$13,497.00</b>	<b>\$19,146.80</b>		<b>\$14,655.20</b>	
Local City Building Permit for Antenna Installation	<i>\$500.00</i>	\$500.00	N/A	\$500.00	N/A
Additional Displacement Legal Services Not Otherwise Specified in Form 399	<i>\$1,729.50</i>	\$1,729.50	Additional expenses were incurred as indicated in the attached invoices.	\$1,729.50	Additional expenses were incurred as indicated in the attached invoices.
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	\$575.50	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	\$587.90	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,600.00	Additional expenses were incurred as indicated in the attached invoices.	\$2,600.00	Additional expenses were incurred as indicated in the attached invoices.
Prepare/ Review 399 reimbursement form	\$1,710.00	\$6,787.30	Additional expenses were incurred as indicated in the attached invoices.	\$6,787.30	Additional expenses were incurred as indicated in the attached invoices.
Perform engineering study for displacement application	\$1,800.00	\$1,875.00	Additional expenses were incurred as indicated in the attached invoices.	\$1,875.00	N/A
<b>Sub-total</b>	\$13,497.00	\$19,146.80	N/A	\$14,655.20	N/A
<b>Total for all systems</b>	\$113,756.93	\$57,548.51	N/A	\$50,245.67	N/A

## Components

Actual Information Description	File Name
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Local City Building Permit for Antenna Installation	<b>Component Description:</b>	Assistance with local city building permits for antenna installation
	<b>Amount:</b>	\$500.00
Additional Displacement Legal Services Not Otherwise Specified in Form 399	<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
	<b>Amount:</b>	\$73.50
	<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
	<b>Amount:</b>	\$105.50
	<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
	<b>Amount:</b>	\$102.00
	<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
	<b>Amount:</b>	\$585.00

<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
<b>Amount:</b>	\$78.00

<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
<b>Amount:</b>	\$51.00

<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
<b>Amount:</b>	\$255.00

<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
<b>Amount:</b>	\$255.00

<b>Component Description:</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
<b>Amount:</b>	\$224.50



Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> Prepare and file displacement license application</p> <p><b>Amount:</b> \$575.50</p>
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Prepare and file displacement construction permit</p> <p><b>Amount:</b> \$587.90</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application

**Component Description:**

Engineering for Amendment to displacement application for Channel 19 MX resolution

**Amount:**

\$375.00

**Component Description:**

TPO Calculation for CP configuration

**Amount:**

\$125.00

**Component Description:**

Engineering for Amendment to displacement application to reflect new antenna

**Amount:**

\$500.00

**Component Description:**

Engineering portion of displacement application

**Amount:**

\$1,050.00

**Component Description:**

Engineering for Amendment to displacement application

**Amount:**

\$50.00

**Component Description:**

Engineering for Amendment to displacement application

**Amount:**

\$500.00

Prepare/ Review 399 reimbursement form

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$1,914.50

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$73.50

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$548.50

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$392.00

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$539.00

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$104.00

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$119.40

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$51.00

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$1,996.20

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$147.00

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$147.00

<b>Component Description:</b>	Prepare/review Form 399
<b>Amount:</b>	\$91.20

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$147.00

<b>Component Description:</b>	Prepare/ Review 399 reimbursement form
<b>Amount:</b>	\$517.00

Perform engineering study  
for displacement application

**Component Description:**

TPO Calculations  
for Displacement  
Channel

**Amount:**

\$125.00

**Component Description:**

Search for  
Displacement  
Channel

**Amount:**

\$1,500.00

**Component Description:**

Channel 18 study  
amendment

**Amount:**

\$250.00

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	\$335.00	\$335.00		\$0.00	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
Sub-total	\$335.00	\$335.00	N/A	\$0.00	N/A
Total for all systems	\$113,756.93	\$57,548.51	N/A	\$50,245.67	N/A

Components

Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$113,756.93	\$57,548.51	\$50,245.67

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.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

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



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

<p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>James W. DeChant</b>  <i>VP of Technology</i></p> <p>06/08/2021</p>

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

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>James W. DeChant</b>  <i>VP of Technology</i></p> <p>06/08/2021</p>

## Attachments