



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **61015** | Service: **LPT** | Call **WBNM-LD** | Channel: **25 (UHF)** |
ID:
File **0000087144**
Number:
FRN: **0005869664** | Eligibility **Eligible** | Date **09/14**
Status: Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WORD BROADCASTING NETWORK, INC. Doing Business As: WORD BROADCASTING NETWORK, INC.	3701 FERN VALLEY ROAD LOUISVILLE, KY 40219 United States	+1 (502) 964-2121	TOM@WBNA21.COM	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
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.	No
Briefly describe transition plan	Licensee is transitioning on 10/11/19 to its new spectrum in accordance with the previously granted construction permit.

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	UNKNOWN
	Year	1900
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 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	TRN5XU18C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.1 kW
	Justification for New Transmitter	Existing transmitter not compatible with new spectrum allocation as more power is required to transmit signal

**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

Name		Description
MASK FILTER		Retune of Dielectric Filter \$2000.00 1.1 to 2 KW Mask Filter

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?	Yes
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	ALP32L3- 8SW
	Year	2006

**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?	Yes
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	ATC-BCE316C5-V2-25
	Year	2019
	Justification for New Antenna	Existing antenna is incompatible with new spectrum allocation.

**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?	Yes
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 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	Rigid
	Diameter	3 1/8 inches
	Segment Length	20 inches
	Number of parallel runs	1
	Length	400 feet per run

Primary **New Transmission Line**
Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	400 feet per run
	Justification for New Transmission Line	Needed for new antenna, existing is in disrepair.
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 **Other Transmission Line Expenses Not Listed**
Transmission Line

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	Leased
	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?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1028414
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	38° 21' 55.2" N-
	Longitude (NAD83)	085° 50' 24.2" W-
	Overall Structure Height	464.89 feet
	Support Structure Height	459.97 feet
	Ground Elevation Above Mean Sea Level (AMSL)	962.91 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	SBA GC Towers, LLC
Date Constructed	01/25/1996

**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
64024	WKYI	AM
91916	W205BT	FX
91679	W270CR	FX
38464	WDYL-LD	LPD
38621	WFPK	FM
4258	WFPL	FM
69113	WUOL-FM	FM

**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?	No
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	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	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	Yes

RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	4
	Justification	Installation of new transmitter and supervision of installation for transmission line and antenna @ \$2,000 per day

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Services 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	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)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
Point to Point Microwave (STL/ICR)	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

Other Expenses

Other Expenses Not Listed

Name	Description
IP BASED STL	Replacement of existing STL system with an IP based transport system to connect studios/programming source with transmitter

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 TRN5XU18C	\$86,000.00	\$86,000.00		\$92,564.07	
MASK FILTER	<i>\$2,000.00</i>	\$2,000.00	N/A	\$10,060.49	We needed to include the cost of the filter that we already had in inventory. This was a new filter that we acquired when purchasing another station. We do not have the original receipt but this was a brand new filter of the make and model described.
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$84,000.00	\$84,000.00	N/A	\$82,503.58	We needed in include the cost of the new filter we had in our inventory.
Sub-total	\$86,000.00	\$86,000.00	N/A	\$92,564.07	N/A

Total for all systems	\$326,657.50	\$297,386.50	N/A	\$222,557.17	N/A
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Components

Actual Information	
Description	File Name
MASK FILTER	
	Component Description: WBNM Filter Retune
	Amount: \$933.58
	Component Description: This is the quote for a Dielectric new filter we already had in our inventory for another project but we decided to use it for this repack. Attached is a quote for this item. We do not have the original invoice for this item.
	Amount: \$9,126.91

UHF - Air Cooled Solid State
Transmitter 1 - 2.5 kW

Component Description:

Retune of Filter
for WBNM to Ch
25.

Amount:

\$933.58

Component Description:

Parts for
Transmitter Install

Amount:

\$650.00

Component Description:

WBNM
Transmitter
Invoice and
Proposal

Amount:

\$80,920.00

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna ATC-BCE316C5-V2-25	\$37,255.00	\$36,630.00		\$28,400.00	
Side Mount antenna brackets	\$4,625.00	\$4,000.00	N/A	\$0.00	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$5,730.00	N/A	\$1,500.00	N/A
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Horizontal	<i>\$26,900.00</i>	\$26,900.00	Needed compatible antenna to fit existing slot on tower and provide comparable coverage	\$26,900.00	N/A
Sub-total	\$37,255.00	\$36,630.00	N/A	\$28,400.00	N/A
Total for all systems	\$326,657.50	\$297,386.50	N/A	\$222,557.17	N/A

Components

Actual Information	
Description	File Name
Side Mount antenna brackets	Information not provided.

Sweep test of transmission line and antenna	<div> <div>Component Description:</div> <div>WBNM Line Sweep by Ultramet Wireless</div> <div>Amount:</div> <div>\$1,500.00</div> </div>
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Horizontal	<div> <div>Component Description:</div> <div>Antenna for WBNM from Alive Telecom</div> <div>Amount:</div> <div>\$26,900.00</div> </div>

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	\$9,600.00	\$6,244.00		\$6,244.40	
Flexible Foam Transmission Line - dielectric, 1 5/8"	\$9,600.00	\$6,244.00	N/A	\$6,244.40	It's not. Cost estimate it 9600 and actual cost is 6244. Not sure of issue.
Sub-total	\$9,600.00	\$6,244.00	N/A	\$6,244.40	N/A
Total for all systems	\$326,657.50	\$297,386.50	N/A	\$222,557.17	N/A

Components

Actual Information	
Description	File Name
Flexible Foam Transmission Line - dielectric, 1 5/8"	<div>Component Description: Transmission Line for WBNM</div> <div>Amount: \$6,244.40</div>

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	\$56,190.00	\$31,000.00		\$22,875.00	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$31,000.00	N/A	\$22,875.00	N/A
Sub-total	\$56,190.00	\$31,000.00	N/A	\$22,875.00	N/A
Total for all systems	\$326,657.50	\$297,386.50	N/A	\$222,557.17	N/A

Components

Actual Information Description	File Name
Tower Rigging Short Tower (less than 500')	<div>Component Description: Tower Work for WBNM last payment</div> <div>Amount: \$11,437.50</div> <div>Component Description: WBNM Tower Work Down Payment 50%</div> <div>Amount: \$11,437.50</div>

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	\$103,967.50	\$103,867.50		\$56,066.25	
Form 399 assistance or other Program Management costs	<i>\$20,000.00</i>	\$20,000.00	200 man hours @ \$100 p/h	\$15,750.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	\$740.00	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,800.00	N/A	\$2,471.25	Extra work required to dial in signal.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	\$0.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	\$2,805.00	N/A

Comprehensive coverage verification via field study, if needed	\$52,600.00	\$52,600.00	N/A	\$28,500.00	N/A
Additional Field Engineering Service, 4 Days	\$8,000.00	\$8,000.00	N/A	\$5,800.00	N/A
RF Exposure Measurements	\$12,100.00	\$12,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
Sub-total	\$103,967.50	\$103,867.50	N/A	\$56,066.25	N/A
Total for all systems	\$326,657.50	\$297,386.50	N/A	\$222,557.17	N/A

Components

Actual Information	
Description	File Name
Form 399 assistance or other Program Management costs	<p>Component Description: Project Management Labor for Tom Fawbush for WBNM.</p> <p>Amount: \$15,750.00</p>

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Prepping for engineering filing for WBNM \$740.00
Perform engineering study for displacement application	Component Description: Amount:	Restudy of Signal for WBNM \$601.25
	Component Description: Amount:	Signal Study for WBNM \$1,870.00
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	Component Description: Amount:	Combined Legal Fees for WBNM \$2,805.00
Comprehensive coverage verification via field study, if needed	Component Description: Amount:	Ultraset Signal Study \$28,500.00
Additional Field Engineering Service, 4 Days	Component Description: Amount:	Transmitter install for WBNM \$5,800.00
RF Exposure Measurements	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare/ Review 399 reimbursement form	Information not provided.	

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	\$33,645.00	\$33,645.00		\$16,407.45	
Equipment Delivery and Handling Charges	<i>\$1,200.00</i>	\$1,200.00	N/A	\$1,420.25	Required a local truck to move to antenna from storage on install date.
IP BASED STL	<i>\$25,000.00</i>	\$25,000.00	N/A	\$14,987.20	N/A
Equipment Storage	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,000.00</i>	\$2,000.00	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
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
Sub-total	\$33,645.00	\$33,645.00	N/A	\$16,407.45	N/A
Total for all systems	\$326,657.50	\$297,386.50	N/A	\$222,557.17	N/A

Components

Actual Information	
Description	File Name
Equipment Delivery and Handling Charges	Component Description: Penske Truck Rental WBNM
	Amount: \$220.25
	Component Description: Shipping for Antenna WBNM
	Amount: \$1,200.00
IP BASED STL	Component Description: See Cover Letter to invoice. This is an IP based STL link that replaced the existing system.
	Amount: \$14,987.20
Equipment Storage	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.

**Cost
Information**

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$326,657.50	\$297,386.50	\$222,557.17

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"> 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.

<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>Tom Fawbush <i>General Manager</i></p> <p>09/14/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	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).	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Tom Fawbush GM</p> <p>09/14/2020</p>

Attachments