



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **24485** | Service: **DTV** | Call **KGEB** | Channel:  
ID: | Sign:  
**12 (High VHF)** | File **0000029080**  
Number:  
FRN: **0008120529** | Date **07/28**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>UNIVERSITY BROADCASTING, INC.</b> Doing Business As: KGEB	Bill Lee 7777 SOUTH LEWIS AVENUE TULSA, OK 74171 United States	+1 (918) 488-5300	blee@oru. edu	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
<b>Joseph C. Chautin III</b> <i>Hardy, Carey, Chautin &amp; Balkin</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629- 0777	jchautin@hardycarey. com

## 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>Remove old Analog antenna, waveguide, transmitter, strobe light from Analog antenna, replace with new Re-Pack Antenna, Strobe light, and transmission line. Remove old Analog transmitter, plate supply, band pass filter and set new Re-pack Transmitter, etc.</p>

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	NV7250
	Year	2002
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	3.25 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	THU-EVO
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	3.3 kW
	Justification for New Transmitter	Transmitter manufacturer support ends December 2018, meaning availability of parts and repairs is not warranted anymore. The physical frequency requires exchange of frequency dependent parts on the transmitters. Spare parts might be needed & may be gone

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
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<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
Description	Circuit breakers for transmitter, disconnect fuse panel for transformer	
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	30

**Primary**      **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**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	50.0 kW



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Manufacturer	
Model	SWEDT160M /49
Year	2002

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	Yes
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	24.0 kW
Manufacturer		

Model	ATW15H3- HTO-14H
Year	2018
Justification for New Antenna	Can't re-tune Channel 49 antenna

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>Mounting bracket for top mount antenna</b>	Top Mount antenna needs a bracket to mount to a 4 foot thick concrete shear wall for top mount of the antenna

**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
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	No
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Waveguide
	Diameter	N/A
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	130 feet per run

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

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	150 feet per run
	Justification for New Transmission Line	Old waveguide is for Ch. 53, cannot be used at lower frequencies. Have to continue using existing 1-5/8" flexible air for overlap period on Channel 49.

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

Information not provided.

**Primary  
Transmission  
Line**

**Add Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	40 feet per run



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

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	150 feet per run
	Justification for New Transmission Line	Need to continue operating the DT-49 for 90 days during testing of the Channel 14 repack system.

**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	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Located on Building
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1013337
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	36° 02' 35.0" N-
	Longitude (NAD83)	095° 57' 12.0" W-
	Overall Structure Height	699.14 feet
	Support Structure Height	662.07 feet

Ground Elevation Above Mean Sea Level (AMSL)	623.68 feet
Structure Type	BANT - Building with an Antenna
Tower Owner	ORAL ROBERTS UNIVERSITY
Date Constructed	08/01/1995

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented 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	Located on Building
Helicopter Services Required	Are helicopter services required?	Yes

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	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
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
	<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application
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
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Information not provided.

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
<b>Equipment storage</b>	need to order early to avoid delivery and shipping issues, as a result need to store antenna, transmission line and related equipment

**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter THU-EVO</b>	<b>\$466,926.70</b>	<b>\$260,006.70</b>		<b>\$0.00</b>	
RF Consulting Engineer	\$5,260.00	\$12,000.00	Land Mobile Interference Study for Channel 14, prepare form 2100, Study for new channel assignment and antenna development.	N/A	N/A
Channel 14 Mask Filter	\$189,500.00	\$29,940.00	N/A	N/A	N/A
Additional field engineering time, 10-30 days	\$63,100.00	\$10,000.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 3.3 kW	<i>\$180,816.70</i>	\$180,816.70	N/A	N/A	N/A
Other Electrical Service: Circuit breakers for transmitter, disconnect fuse panel for transformer	<i>\$8,000.00</i>	\$8,000.00	Run wire from disconnects to transmitters, circuit breakers for transmitter mains, etc.	N/A	N/A



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5 Ton system	\$20,250.00	\$19,250.00	N/A	N/A	N/A
<b>Sub-total</b>	\$466,926.70	\$260,006.70	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,500,926.70	\$1,180,264.10	N/A	\$0.00	N/A

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### **Components**

Information not provided.

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna ATW15H3-HTO-14H</b>	<b>\$318,880.00</b>	<b>\$252,372.40</b>		<b>\$0.00</b>	
Mounting bracket for top mount antenna	<i>\$42,000.00</i>	\$42,000.00	ANSI Certified mounting bracket for Top Mounted Antenna to Concrete reinforced Shear wall.	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$170,372.40	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$33,600.00	Custom mount for top mounted antenna to attach to 4 foot thick concrete reinforced with steel-office building shear wall	N/A	N/A

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<b>Sub-total</b>	\$318,880.00	\$252,372.40	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,500,926.70	\$1,180,264.10	N/A	\$0.00	N/A

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### **Components**

Information not provided.

**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
<b>Primary Transmission Line</b>	<b>\$4,950.00</b>	<b>\$4,650.00</b>		<b>\$0.00</b>	
Flexible Air Transmission Line - dielectric, 1 5/8"	\$4,950.00	\$4,650.00	N/A	N/A	N/A
<b>Primary Transmission Line</b>	<b>\$4,950.00</b>	<b>\$4,650.00</b>		<b>\$0.00</b>	
Flexible Air Transmission Line - dielectric, 1 5/8"	\$4,950.00	\$4,650.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$9,900.00</b>	<b>\$9,300.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,500,926.70</b>	<b>\$1,180,264.10</b>	N/A	<b>\$0.00</b>	N/A

**Components**

Information not provided.

**Cost Information**

**Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower BANT</b>	<b>\$547,300.00</b>	<b>\$525,000.00</b>		<b>\$0.00</b>	
Complex Tower (includes, for example, those with candelabras and /or stacked antennas)	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Tower Helicopter Lift	<i>\$100,000.00</i>	\$100,000.00	Awaiting a quote from 4 states Helicopter Company.	N/A	N/A
<b>Sub-total</b>	<b>\$547,300.00</b>	<b>\$525,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,500,926.70</b>	<b>\$1,180,264.10</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

**Components**

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>\$130,230.00</b>	<b>\$113,750.00</b>		<b>\$0.00</b>	
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$10,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$130,230.00	\$113,750.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,500,926.70	\$1,180,264.10	N/A	\$0.00	N/A

### Components

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
<b>Other Expenses</b>	<b>\$27,690.00</b>	<b>\$19,835.00</b>		<b>\$0.00</b>	
Develop and air announcement of upcoming channel change	<i>\$500.00</i>	\$500.00	Voice over talent fees for MVPD spots	N/A	N/A
Equipment storage	<i>\$3,000.00</i>	\$3,000.00	Storage of antenna, transmission line, mount till installation can be scheduled and completed.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A



Local Zoning	<i>\$500.00</i>	\$500.00	estimated cost for zoning permits	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	Disposal of transmitter, bandpass filter, antenna to facilitate installation on roof top/ and transmitter room	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	Estimate to deliver transmitter, antenna, transmission line, and antenna mount	N/A	N/A
Equipment Storage	<i>\$0.00</i>	\$0.00	duplicate of another line item	N/A	N/A
MVPD Notification of Channel Change	<i>\$500.00</i>	\$500.00	postage and certified letters to MVPD for channel change.	N/A	N/A
<b>Sub-total</b>	\$27,690.00	\$19,835.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,500,926.70	\$1,180,264.10	N/A	\$0.00	N/A

### Components

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$1,500,926.70	\$1,180,264.10	\$0.00

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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

Certification	Section	Question	Response
	<p><b>Submission of Estimated Expenses Statements</b></p>	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>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>Bill Lee</b> <i>Director of Engineering</i>  07/28/2017</p>

**Attachments**