

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility 61217 Service: DTV Call WNKY Channel: 24 (UHF)

Sign:

0000025350

File Number:

ID:

FRN: **0026650200** Date **06/01** 

Submitted: /2018

# Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applican Type
MARQUEE BROADCASTING KENTUCKY, INC. Doing Business As: MMK LICENSE LLC	Patricia R Lane 4400 BROOKEVILLE ROAD BROOKEVILLE, MD 20833 United States	+1 (301) 661- 9610	patricia_lane@marqueebroadcasting. com	Limited Liability Company

# 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
Patricia R Lane	4400	+1 (301)	patricia_lane@marqueebroadcasting.
President	Brookeville	661-9610	com
Marquee	Road		
Broadcasting	Brookeville,		
Kentucky, Inc.	MD 20833		
	United States		

## 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.	No
Briefly describe transition plan	Replace transmitter, antenna, feedline, and strengthen tower to hold new antenna and comply with Rev G. Detailed transition plan attached.

## **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)
	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	HX HU5000AD
	Year	2007
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 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	THU9evo-3
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	4.9 kW
	Justification for New Transmitter	Existing transmitter is not frequency agile. New transmitter will allow coordination with linked stations during testing phase and ensure the station meets the deadline for converting to its new channel.

# Primary Transmitter

## **Other Transmitter Costs**

Section	Question	Response
Electrical Service	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	Estimated electrical and building modifications required to install new transmitter
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	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	N/A

# 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

# **Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	120.0 kW

Manufacturer	
Model	SWMP16PN /16
Year	2009

## **New Antenna Costs**

Section	Question	Response
New Antenna Description	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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	120.0 kW
	Manufacturer	
	Model	Pending

Year	2019
Justification for New Antenna	Existing antenna will not support operation on the new channel. Pending completion of tower study, the plan is to mount the new antenna above the existing one, allowing for testing of new channel prior to conversion deadline.

## **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	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
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A

	Feed Line Size	N/A
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

## **Other Antenna Cost Not Listed**

Information not provided.

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

# Primary Transmission Line

# **Existing Transmission Line**

on Line Section	Question	Response
Existing Transmission Line Description	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?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Туре	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	500 feet per run

#### **New Transmission Line**

<b>Primary</b>	
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Transmission Line Question Response **New Transmission Line** Use Primary Costs (Main) Description of Use N/A Change Type Purchase New Is this a request for upgraded equipment? No Flexible Air Type Diameter 3 inches N/A Other Diameter Segment Length N/A Other Segment Length N/A Number of parallel runs 1 Length 575 feet per run Justification for New Transmission Line Plan to install new antenna and feedline above existing antenna, which eliminates the need for interim facilities.

**Primary** Other Transmission Line Expenses Not Listed

Transmission loine tion 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	Owned
	Is this tower consider Complex?	No
	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?	No
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1042998
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	37° 02' 05.5" N-
	Longitude (NAD83)	086° 10' 40.9" W-
	Overall Structure Height	501.96 feet
	Support Structure Height	499.99 feet
	Ground Elevation Above Mean Sea Level (AMSL)	836.93 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	MMK License LLC
Date Constructed	10/04/2016

# Primary Tower

## **Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor 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	
Tower Rigging	Tower rigging for installation of new antenna and feedline	

# Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	Project management and coordination of tower strengthening, installation of new equipment, and testing.
Outside RF consulting Engineering Services	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
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
	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

# Outside Professional Services

# Other Professional Services Expenses Not Listed

escription
ransition assessment
eturn trip for site prep, etc.
ra

Miscellaneous repack related services

# Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	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
Permit and Filing Costs	Local Zoning	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
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?	No
	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
Lease Negotiations	Estimate for legal work related to negotiating with tenants on tower

## **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 THU9evo-3	\$308,500.00	\$247,790.26		\$101,238.16	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$212,790.26	Original transmitter is being replaced with a lower cost Anywave transmitter. System components and installation materials are obtained from various sources. See explanation uploaded as "WNKY Main Transmitter Updated Quote Explanation. pdf"	\$101,238.16	N/A

Other Electrical Service: Estimated electrical and building modifications required to install new transmitter	\$35,000.00	\$35,000.00	Transformer 3 phase / 480v 300 kVA	N/A	N/A
Sub-total	\$308,500.00	\$247,790.26	N/A	\$101,238.16	N/A
Total for all systems	\$994,381.80	\$757,852.06	N/A	\$132,367.96	N/A

# Components

Actual Information Description	File Name	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	Component Description: Amount:	Deposit for Main Transmitter. \$72,180.00
	Component Description:  Amount:	Deposit for Main Transmitter Installation Kit \$2,700.00
	Component Description:	Deposit for Main Transmitter RF System
	Amount:	\$26,358.16
Other Electrical Service: Estimated electrical and building modifications required to install new transmitter	Information not provided.	

#### **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 Pending	\$96,130.00	\$91,400.00		\$0.00	
UHF - Lower Power Side Mount, One station antenna - medium power (50- 200 kW), horizontally polarized	\$89,400.00	\$85,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	Used Widelity estimate	N/A	N/A
Sub-total	\$96,130.00	\$91,400.00	N/A	\$0.00	N/A
Total for all systems	\$994,381.80	\$757,852.06	N/A	\$132,367.96	N/A

# Components

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	\$33,925.00	\$32,200.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$33,925.00	\$32,200.00	N/A	N/A	N/A
Sub-total	\$33,925.00	\$32,200.00	N/A	\$0.00	N/A
Total for all systems	\$994,381.80	\$757,852.06	N/A	\$132,367.96	N/A

## Components

Information not provided.

# **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	\$461,100.00	\$301,860.00		\$10,930.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$21,860.00	See attached quote from ERI.	\$10,930.00	N/A
Tower Rigging	\$80,000.00	\$80,000.00	Preliminary estimate pending completion of tower mapping and structural analysis. To be updated.	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$0.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$200,000.00	Installing second antenna and feedline, which eliminates the need for interim facilities, and strengthening tower to meet Rev G.	N/A	N/A
Sub-total	\$461,100.00	\$301,860.00	N/A	\$10,930.00	N/A
Total for all systems	\$994,381.80	\$757,852.06	N/A	\$132,367.96	N/A

# Components

Actual Information Description	File Name	
Structural engineering tower load study for well documented tower	Component Description:  Amount:	50% deposit for tower mapping and structural study. \$10,930.00
Tower Rigging	Information not provided.	
Tall Tower (greater than 500')	Information not provided.	
Minor tower reinforcement /modifications	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	\$52,646.80	\$48,276.80		\$20,199.80	
Additional Legal Services	\$4,100.00	\$4,100.00	Estimate 10 hours of additional legal services to review forms and associated emails and phone calls.	\$1,949.00	N/A
Site prep	\$8,400.00	\$8,400.00	N/A	N/A	N/A
Site Survey	\$2,526.80	\$2,526.80	N/A	\$2,526.80	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
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	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	\$2,980.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,942.50	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$2,376.00	N/A
Project management of the transition	\$12,640.00	\$12,000.00	N/A	\$6,637.50	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$0.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,788.00	See detailed description on Garvey Schubert Barer invoices.
Sub-total	\$52,646.80	\$48,276.80	N/A	\$20,199.80	N/A
Total for all	\$994,381.80	\$757,852.06	N/A	\$132,367.96	N/A

# Components

File Name	
Component Description: Amount:	Repack related legal fees. \$270.00
Component Description: Amount:	To correct typo on Form number. \$287.00
Component Description: Amount:	Repack Related Legal fees. \$756.00
Component Description:	Review post auction transition status report (form 387)
Component Description: Amount:	\$150.00  Repack related legal fees. \$54.00
Component Description: Amount:	Repack related legal services. \$432.00
Information not provided.	
Component Description:	Cover letter explaining site survey
	Component Description: Amount:  Component Description: Amount:  Component Description: Amount:  Component Description:  Amount:  Component Description:  Amount:  Information not provided.

ana	
ponent Description: Fina ana	
ana	
CP unt: \$2,	al antenna alysis and file 980.00
noti filin	view of FCC ification and og process ated to new
	annel 70.00
nev	ork related to w antenna study 36.25
and con	ork on antenna d structural npatibility 36.25
fee	rm 2100 legal s. 32.00
ponent Description: For	rm 2100 legal s. 944.00
	fee sunt: \$43  ponent Description: For fee

Project management of the		
ransition	Component Description:	Project
		management fees. Added detail to
		invoice per fund
		admin request.
	Amount:	\$2,850.00
	Component Description:	Project
		Management Fees
		for May 2018.
	Amount:	\$1,162.50
	Component Description:	Project
	, , , , , , , , , , , , , , , , , , ,	Management fees.
	Amount:	\$675.00
	Component Description:	Project
		Management
	Amount:	\$975.00
	Component Description:	Project
		Management fees.
		Revised per admin
		request.
	Amount:	\$750.00
	Component Description:	Project
		Management in
		January 2018.
	Amount:	\$225.00
Address transition timing and coordination issues w/other stations and wireless	Information not provided.	

Prepare and or review reimbursement form

Component Description: Legal fees.
Amount: \$216.00

Component Description: Review and revise

399 form to correct licensee information, post sale. Attorney fee.

**Amount:** \$492.00

**Component Description:** Legal fees. **Amount:** \$1,080.00

## **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	\$42,080.00	\$36,325.00		\$0.00	
Lease Negotiations	\$2,000.00	\$2,000.00	Preliminary estimate pending tower inspection. Cost of legal work related to negotiating changes in leases with existing tenants on tower.	N/A	N/A
MVPD Notification of Channel Change	\$1,000.00	\$1,000.00	Legal review and coordination of notices.	N/A	N/A
Develop and air announcement of upcoming channel change	\$5,000.00	\$5,000.00	Production of announcements	N/A	N/A
Equipment Delivery and Handling Charges	\$12,000.00	\$12,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$10,000.00	\$10,000.00	N/A	N/A	N/A

FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$0.00	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
Local Zoning	\$0.00	\$0.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$6,000.00	N/A	N/A	N/A
Sub-total	\$42,080.00	\$36,325.00	N/A	\$0.00	N/A
Total for all systems	\$994,381.80	\$757,852.06	N/A	\$132,367.96	N/A

## Components

Information not provided.

## **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$994,381.80	\$757,852.06	\$132,367.96

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. Edward J Murlatt Project Manager

06/01/2018

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. Edward J Murlatt Project Manager

06/01/2018

#### **Attachments**