

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 61003 Service: DTV Call WEBA-TV Channel: 21 (UHF)

ID: Sign:

ID: File **0000028326**

Number:

FRN: **0001861160** Date **09/24**

Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-----------------------|---------------|-------|----------------|-------------------|
| SOUTH CAROLINA | Mark Jahnke | +1 | mjahnke@scetv. | Government |
| EDUCATIONAL TV | 1041 GEORGE | (803) | org | Entity |
| COMMISSION | ROGERS | 737- | | |
| Doing Business As: | BOULEVARD | 3486 | | |
| SOUTH CAROLINA | COLUMBIA, | | | |
| EDUCATIONAL TV | SC 29201 | | | |
| COMMISSION | United States | | | |

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 |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------|------------------------------|
| Robert Gehman ConsultingEngineer Kessler and Gehman Associates, Inc. | Robert Gehman 507 NW 60 Street Suite D Gainesville, FL 32607 United States | +1 (352) 332-3157 | bob@kesslerandgehman. com |

Broadcaster Information and Transition Plan

| Question | Response |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No |
| Briefly describe transition plan | Replace transmitter using existing antenna and line. See 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 | |
| Manufacturer and Type | Model | Diamond |
| | Year | 2008 |
| | 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 | TBD |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 5.5 kW |
| | Justification for New Transmitter | The manufacturer of the existing transmitter advises that the transmitter cannot be retuned to the assigned channel. See attachment. |

Primary Transmitter

Other Transmitter Costs

| Section | Question | Response |
|--------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | Yes |
| | Transformer (480V) | Yes |
| | Power | 150 kVA |
| | Rigid Conduit and Wiring | Yes |
| | | |

| | Size | 3 inches |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------|
| | Length | 100.0 feet |
| | Other Electrical Service | No |
| | Description | N/A |
| 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

| Name | Description |
|-------------------------------|----------------------------------------------------------------------|
| Additional Interior RF System | Interior RF System Existing Transmitter to Interim Transmission line |

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 | Retune Existing |
| | 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 | Top Mount |
| | Antenna position in stack | Not in Stac |
| | Polarization | Horizontal |
| | Туре | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 48 |
| | Design power capacity in use | 100.0 % |
| | Lower Limit | 470.00 MH |

| Upper Limit | 692.00 MHz |
|---------------------------------|------------------------|
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 427.0 kW |
| Manufacturer | Dielectric |
| Model | TUF-C4SP- 12/48-1-T |
| Year | 2008 |

Primary Antenna

Adjustment to Existing Antenna

| Section | Question | Response |
|-----------------------------------|-----------------------------------------------|----------|
| Sweep Test of Existing Antenna | Do you need a sweep test of existing antenna? | Yes |

Primary Antenna

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 | , |

Primary Antenna

Other Antenna Cost Not Listed

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

Primary Transmission

Existing Transmission Line

| Section | Question | Response |
|----------------------------------------|----------------------------------------------------------------------------|---------------------|
| Existing Transmission Line Description | Type of change | Utilize Existing |
| | Use | Primary (Main) |
| | 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 | Manufacturer | Dielectric |
| Line Manufacturer and Type | Туре | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | Other |
| | Other Segment Length | 19.417 fee |
| | Number of parallel runs | 1 |
| | Length | 800 feet per run |

Primary Transmission

Other Transmission Line Expenses Not Listed

| n <mark>Laine</mark> | Description |
|----------------------|----------------------------------------------------------|
| Sweep Tests | Sweep tests to confirm transmission line for new channel |

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? | No |
| Existing Tower Structure Registration | Do you have a tower registration number? | No |
| Registration | ASR Number | |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 33° 11' 16.0" N- |
| | Longitude (NAD83) | 081° 23' 49.5" W- |
| | Overall Structure Height | 798.55 feet |
| | Support Structure Height | 747.69 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 229.98 feet |

| Structure Type | TOWER - Free Standing or Guyed Structure |
|------------------|------------------------------------------------------|
| Tower Owner | South Carolina Education |
| Date Constructed | 05/26/2017 |

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

Outside Professional

| Section | Question | Response |
|----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 102 |
| | Explanation | It will be necessary to schedule and coordinate multiple vendors and complete progress reports. Station does not have available personnel or personnel trained in project management for such complex projects. |
| 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 | Yes |
| | Quantity | 1 |

| | 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 | Yes |
| | Quantity | 1 |
| | 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 | Yes |
| | Number of Days | 10 |

| Justification | It will be |
|---------------|----------------|
| Justilication | |
| | necessary to |
| | plan the |
| | installation, |
| | develop |
| | specifications |
| | for |
| | purchasing, |
| | and perform |
| | final |
| | inspections |
| | of this RF |
| | project. |
| | Station does |
| | not have |
| | available |
| | personnel or |
| | personnel |
| | trained in |
| | such |
| | services. |
| | |

Outside
Professional Services Expenses Not Listed
Professional Services requirement of the control of the contr

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 | No |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | No |
| | FCC License to Cover Application | No |
| | 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? | 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 Not Listed

Expenses Information not provided.

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---------------------------------------------------------------|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Transmitter TBD | \$445,450.00 | \$430,500.00 | | \$0.00 | |
| UHF - Air Cooled Solid State Transmitter 4 - 6 kW | \$236,500.00 | \$225,000.00 | N/A | \$0.00 | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| Transformer 3 phase/480v - 150 KVA | \$25,550.00 | \$24,300.00 | N/A | N/A | N/A |
| 3" Rigid Conduit and Wiring (Cost per foot) | \$5,200.00 | \$4,900.00 | N/A | N/A | N/A |
| Additional Interior RF System | \$140,000.00 | \$140,000.00 | N/A | N/A | N/A |
| Sub-total | \$445,450.00 | \$430,500.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,038,756.00 | \$582,050.00 | N/A | \$11,861.49 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

| UHF - Air Cooled Solid State Transmitter 4 - 6 kW | Component Description: Amount: | Transmitter 50% Down Payment \$105,509.86 |
|------------------------------------------------------|--------------------------------|-------------------------------------------------|
| Switchgear - industrial 800 amp | Information not provided. | |
| Transformer 3 phase/480v - 150 KVA | Information not provided. | |
| 3" Rigid Conduit and Wiring (Cost per foot) | Information not provided. | |
| Additional Interior RF System | 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 TUF- C4SP-12/48-1- T | \$266,030.00 | \$18,100.00 | | \$0.00 | |
| Elbow complex, single channel, at antenna input, per 6 1 /8. feedline (if needed) | \$12,300.00 | \$11,700.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| UHF - High Power Top Mount (200- 1000 kW), One station antenna, horizontally polarized | \$247,000.00 | \$0.00 | N/A | N/A | N/A |
| Sub-total | \$266,030.00 | \$18,100.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,038,756.00 | \$582,050.00 | N/A | \$11,861.49 | N/A |

Components

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 | \$6,400.00 | \$6,400.00 | | \$0.00 | |
| Sweep Tests | \$6,400.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$6,400.00 | \$6,400.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,038,756.00 | \$582,050.00 | N/A | \$11,861.49 | N/A |

Components

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 TOWER | \$210,500.00 | \$20,000.00 | | \$0.00 | |
| Tall Tower (greater than 500') | \$210,500.00 | \$20,000.00 | Rigging to replace elbow complex and/or tune elbow complex | N/A | N/A |
| Sub-total | \$210,500.00 | \$20,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,038,756.00 | \$582,050.00 | N/A | \$11,861.49 | N/A |

Components

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 | \$66,826.00 | \$64,050.00 | | \$11,861.49 | |
| Additional Field Engineering Service, 10 Days | \$20,000.00 | \$20,000.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | \$2,500.00 | N/A |
| Project management of the transition | \$16,116.00 | \$15,300.00 | N/A | \$3,611.49 | 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 |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$3,250.00 | N/A |

| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$2,500.00 | 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 request for Special Temporary Authorization | \$2,050.00 | \$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 |
| 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 |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | N/A | N/A | N/A |
| Sub-total | \$66,826.00 | \$64,050.00 | N/A | \$11,861.49 | N/A |
| Total for all systems | \$1,038,756.00 | \$582,050.00 | N/A | \$11,861.49 | N/A |

Components

| Actual Information Description | File Name | |
|---------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------|
| Additional Field Engineering Service, 10 Days | Information not provided. | |
| Prepare and or review reimbursement form | Component Description: Amount: | Kessler and Gehman Reimbursement Form 399 Preparation \$2,500.00 |
| Project management of the transition | Component Description: Amount: | Project Management Feb - Jun 2017 \$1,807.43 |
| | Component Description: Amount: | WEBA Project Management Jul- Dec 2017 \$1,804.06 |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. | |
| Perform engineering study for new channel assignment and antenna development | Component Description: Amount: | WEBA - Engineering study for new channel and antenna development \$3,250.00 |

| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Component Description: Amount: | WEBA - Prepare CP Application \$2,500.00 |
|-------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Prepare request for Special Temporary Authorization | Information not provided. | |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. | |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. | |

Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--------------------------------------------------------------------------|--------------------------------|----------------|------------------------------------|----------------|------------------------------|
| Other Expenses | \$43,550.00 | \$43,000.00 | | \$0.00 | |
| MVPD Notification of Channel Change | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | 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 |
| Equipment Delivery and Handling Charges | \$20,000.00 | \$20,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$0.00 | \$0.00 | N/A | N/A | N/A |
| Sub-total | \$43,550.00 | \$43,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,038,756.00 | \$582,050.00 | N/A | \$11,861.49 | N/A |

Components

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|-------------|
| Total for all systems | \$1,038,756.00 | \$582,050.00 | \$11,861.49 |

| 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. Leslie Griffin Project Manager

09/24/2018

Attachments