



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **71023** | Service: **DTV** | Call **KTNW** | Channel: **22 (UHF)**
ID: | Sign:
File **0000028348**
Number:
FRN: **0001563949** | Date **10/16**
Submitted: **/2018**

Applicant Information Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WASHINGTON STATE UNIVERSITY Doing Business As: WASHINGTON STATE UNIVERSITY	Murrow Public Media. Jackson Hall rm 382, P.O. BOX 642530 PULLMAN, WA 99164 United States	+1 (509) 335- 6585	doug. krehbiel@wsu. edu	Government Entity

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
Martin L. Gibbs <i>FCC Planning Engineer</i> <i>Washington State University Murrow Public Media</i>	2710 Crimson Way Richland, WA 99354 United States	+1 (509) 948- 1496	m. gibbs@wsu. edu

**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 analog antenna at top of tower with new antenna; install new transmitter. This will allow parallel operation during the testing phase without additional expenses for temporary facilities. Ref: Attachment 1

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	Magnum
	Year	2003
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2 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	THU9-EVO
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	4.9 kW
	Justification for New Transmitter	Larcan Magnum transmitter is no longer supported and has many obsolete parts. Current manufacturer does not have documentation for re-tune. In addition, a higher TPO is necessary to support the proposed antenna. Ref: Attachment 1

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	Yes
	Size	2 inches
	Length	25.0 feet
	Other Electrical Service	Yes
	Description	Branch panel with disconnect
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	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 leasehold 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**
Information not provided.

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)
	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?	Yes
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side 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)	47.6 kW

Manufacturer	
Model	TLP-8L
Year	2003

**Primary
Antenna**

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?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side 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)	29.5 kW
	Manufacturer	
Model	SFN-3030-2	

Year	2018
Justification for New Antenna	Old antenna cannot be returned from channel 38 to channel 22. Ref: Attachment 1

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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
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?	No

**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)
	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	
	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	120 feet per run

**Primary
Transmission
Line**

New Transmission Line

Section	Question	Response
New Transmission Line Costs	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	140 feet per run
	Justification for New Transmission Line	Enable parallel operation during testing period. Ref: Attachment 1

**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

Add 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?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	46° 06' 12.8" N-
	Longitude (NAD83)	119° 07' 44.6" W-
	Overall Structure Height	62.00 feet
	Support Structure Height	62.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2182.00 feet

Structure Type	UTOWER - Unguyed - Free Standing Tower
Tower Owner	Washington State University
Date Constructed	06/02/2003

**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

Information not provided.

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	400
	Explanation	Planning and coordination of project to assure adherence to Phase 1 schedule. See Attachment 1
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 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
	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	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
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	Yes
	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?	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

Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter THU9-EVO	\$287,225.00	\$273,700.00		\$0.00	
Other Electrical Service: Branch panel with disconnect	<i>\$13,075.00</i>	\$13,075.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$260,000.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$650.00	\$625.00	N/A	N/A	N/A
Sub-total	\$287,225.00	\$273,700.00	N/A	\$0.00	N/A
Total for all systems	\$755,425.00	\$722,790.00	N/A	\$45,302.40	N/A

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
Primary Antenna SFN-3030-2	\$50,000.00	\$50,000.00		\$18,136.20	
UHF - High Power, Side Mount, basic slot antenna, 30 kW input, directional,, horizontally polarized	<i>\$50,000.00</i>	\$50,000.00	N/A	\$18,136.20	N/A
Sub-total	\$50,000.00	\$50,000.00	N/A	\$18,136.20	N/A
Total for all systems	\$755,425.00	\$722,790.00	N/A	\$45,302.40	N/A

Components

Actual Information	
Description	File Name
UHF - High Power, Side Mount, basic slot antenna, 30 kW input, directional,, horizontally polarized	<p>Component Description: DTV Channel 22 UHF Slotted antenna with 10 full wave spaced bays.</p> <p>Amount: \$18,136.20</p>

**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	\$4,620.00	\$4,340.00		\$0.00	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$4,620.00	\$4,340.00	N/A	N/A	N/A
Sub-total	\$4,620.00	\$4,340.00	N/A	\$0.00	N/A
Total for all systems	\$755,425.00	\$722,790.00	N/A	\$45,302.40	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
Primary Tower UTOWER	\$254,800.00	\$242,000.00		\$1,250.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	\$1,250.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Sub-total	\$254,800.00	\$242,000.00	N/A	\$1,250.00	N/A
Total for all systems	\$755,425.00	\$722,790.00	N/A	\$45,302.40	N/A

Components

Actual Information Description	File Name
Structural engineering tower load study for well documented tower	<p>Component Description: Tower Structural analysis</p> <p>Amount: \$1,250.00</p>
Minor tower reinforcement /modifications	Information not provided.
Short Tower (less than 500')	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
Outside Professional Services	\$109,230.00	\$103,750.00		\$21,786.20	
Project management of the transition	\$63,200.00	\$60,000.00	N/A	\$13,205.70	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,840.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$920.00	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$3,570.50	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$2,250.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Sub-total	\$109,230.00	\$103,750.00	N/A	\$21,786.20	N/A
Total for all systems	\$755,425.00	\$722,790.00	N/A	\$45,302.40	N/A

Components

Actual Information	
Description	File Name
Project management of the transition	<p>Component Description: project management - wages allocated during 3rd quarter 2017</p> <p>Amount: \$1,334.00</p>

Component Description: Portion of M. Gibbs time on Project Management of Repack for 2nd quarter of year.

Amount: \$2,656.04

Component Description: Portion of First Quarter 2018 wages applicable to Project Management

Amount: \$4,010.28

Component Description: Project management - wages for 1st quarter.

Amount: \$782.00

Component Description: Attorney service related to management of overall project.

Amount: \$1,156.00

Component Description: Portion of wages allocated to Project Management during 4th quarter 2017

Amount: \$1,061.68

Component Description: Portion of 2nd quarter wages allocated to general project management

Amount: \$2,205.70

Prepare and or review reimbursement form	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Perform engineering study for new channel assignment and antenna development	<p>Component Description: Engineering Study portion of 2nd quarter wages.</p> <p>Amount: \$1,840.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p>Component Description: prepare engineering section of Form 2100, construction permit application. wages during 2nd qtr 2017</p> <p>Amount: \$690.00</p>
	<p>Component Description: prepare engineering section of Form 2100, construction permit application. Portion of wages allocated during 3rd quarter 2017</p> <p>Amount: \$230.00</p>
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	<p>Component Description: Attorney Fees - Construction Permit application - April</p> <p>Amount: \$712.50</p>

Component Description: Attorney service related to construction permit preparation and submission
Amount: \$1,548.00

Component Description: Attorney service related to construction permit preparation and submission
Amount: \$301.00

Component Description: Attorney Fees - Construction permit application - March
Amount: \$242.50

Component Description: Attorney fees - Construction permit application - Dec 17
Amount: \$47.50

Component Description: Attorney Fees - Construction permit application - February
Amount: \$159.00

Component Description: Attorney Fees - Construction permit application June
Amount: \$185.00

	<p>Component Description: Attorney service related to construction permit preparation and submission</p> <p>Amount: \$375.00</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Component Description: Attorney service related to licensing and form 399</p> <p>Amount: \$990.50</p>
	<p>Component Description: Attorney service for licensing and form 399</p> <p>Amount: \$212.00</p>
	<p>Component Description: Attorney service related to application, licensing and form 399</p> <p>Amount: \$349.00</p>
	<p>Component Description: Attorney service related to licensing and form 399</p> <p>Amount: \$317.00</p>
	<p>Component Description: Attorney services related to licensing and form 399</p> <p>Amount: \$339.00</p>
	<p>Component Description: Attorney Fees - Construction portion of invoice</p> <p>Amount: \$42.50</p>

RF Exposure Measurements

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	\$49,550.00	\$49,000.00		\$4,130.00	
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$4,130.00	N/A
Non-zoning permits	<i>\$2,000.00</i>	\$2,000.00	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
Develop and air announcement of upcoming channel change	<i>\$3,000.00</i>	\$3,000.00	N/A	N/A	N/A
Sub-total	\$49,550.00	\$49,000.00	N/A	\$4,130.00	N/A
Total for all systems	\$755,425.00	\$722,790.00	N/A	\$45,302.40	N/A

Components

Actual Information Description	File Name								
MVPD Notification of Channel Change	Information not provided.								
Equipment Storage	Information not provided.								
Equipment Delivery and Handling Charges	Information not provided.								
DTV Medical Facility Notification	<table border="0"> <tr> <td data-bbox="724 674 1027 707">Component Description:</td> <td data-bbox="1163 674 1366 748">Notification of Medical Facilities</td> </tr> <tr> <td data-bbox="724 752 831 786">Amount:</td> <td data-bbox="1163 752 1283 786">\$2,375.00</td> </tr> <tr> <td data-bbox="724 891 1027 925">Component Description:</td> <td data-bbox="1163 891 1366 1162">Notification of Cable and Satellite MVPD Providers of new RF Chanel & Transport Stream parameters</td> </tr> <tr> <td data-bbox="724 1167 831 1200">Amount:</td> <td data-bbox="1163 1167 1283 1200">\$1,755.00</td> </tr> </table>	Component Description:	Notification of Medical Facilities	Amount:	\$2,375.00	Component Description:	Notification of Cable and Satellite MVPD Providers of new RF Chanel & Transport Stream parameters	Amount:	\$1,755.00
Component Description:	Notification of Medical Facilities								
Amount:	\$2,375.00								
Component Description:	Notification of Cable and Satellite MVPD Providers of new RF Chanel & Transport Stream parameters								
Amount:	\$1,755.00								
Non-zoning permits	Information not provided.								
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.								
Develop and air announcement of upcoming channel change	Information not provided.								

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$755,425.00	\$722,790.00	\$45,302.40

Reimbursement Status

Question	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

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.

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 above-named applicant for the Authorization(s) specified above.

**Denise
Crossler**
*Grant &
Contract
Specialist*

10/16/2018

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 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>Denise Crossler <i>Grant & Contract Specialist</i></p> <p>10/16/2018</p>

Attachments