



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **35908** | Service: **DTV** | Call **WVLT-TV** | Channel: **34 (UHF)**
ID: | Sign:
File **0000028735**
Number:
FRN: **0018223693** | Date **06/27**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---|----------|----------------------|----------------------|
| GRAY TELEVISION LICENSEE, LLC | WVLT | +1 (865) | robert. | Limited |
| | 6450 PAPERMILL DRIVE KNOXVILLE, TN 37919 United States | 450-8888 | folliard@gray. tv | Liability Company |

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 |
|--|---|-------------------|--------------------------|
| Samuel Hariton <i>Widely</i> | Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States | +1 (339) 222-8107 | sam.hariton@widelity.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. | Yes |
| Briefly describe transition plan | The station will continue to use the existing broadband antenna and transmission line and replacing the existing transmitter with a new transmitter. Interim facilities are not needed. |

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 | Sigma DD, 3200P2CFUPG |
| | Year | 2002 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 50 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? | Yes |
| | Manufacturer | |
| | Model | ULXTE90 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 56.4 kW |
| | Justification for New Transmitter | Transmitter cannot be retuned and must be replaced. |

**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 | The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Type | Heating and Cooling |
| | Size | 25 tons |
| | 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

| Name | Description |
|--------------------|--|
| Mask Filter | Mask filter required for the new transmitter model |
| Freight | Freight to the station location |

| | |
|-------------------------------|---|
| Installation and Proof | Installation of the new Transmitter |
| RF Accessories | Accessories required for new transmitter installation |

| Antennas | Section | Question | Response |
|-----------------|----------------|---------------------------------|---------------------------------------|
| | | Antenna Related Expenses | Do you have antenna related expenses? |

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

| Tower Equipment And Rigging Costs | Section | Question | Response |
|--|----------------|---|---|
| | | Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? |

| Outside Professional Services Costs | Section | Question | Response |
|---|---|--|-------------------|
| | Outside Project Management Services | Do you require outside project management services? | Yes |
| | | Number of Hours | 900 |
| | | Explanation | Strategic Support |
| | 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 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 | Yes |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | No |

| | |
|----------------|-----|
| Number of Days | N/A |
| Justification | N/A |

**Outside
Professional
Services
Costs**

Other Professional Services Expenses Not Listed

| Name | Description |
|--|--|
| Sweep Test of Existing Antenna | WVLT's share of sweep test costs during transition as part of ATC Capital Contribution. See ATC document 460204845 |
| Sweep Test of New Primary Antenna | WVLT's share of sweep test costs post-transition as part of ATC Capital Contribution. See ATC document 460204845 |

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 | 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? | 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 |
|-----------------------|--|
| Combiner | Anticipated 1/3 expense on new combiner TBD by American Tower |
| Security | On site security during equipment storage period |
| Tower Analysis | Tower Analysis required by American Tower |

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 ULXTE90 | \$2,050,396.22 | \$1,486,931.29 | | \$1,018,705.97 | |
| RF Accessories | <i>\$37,998.07</i> | \$37,998.07 | Please see attached Gatesair invoice JW30004400-1 | \$26,591.64 | N/A |
| Installation and Proof | <i>\$92,314.35</i> | \$92,314.35 | Please see attached Gatesair invoice JW30004400-1 | \$64,620.04 | N/A |
| Freight | <i>\$13,500.00</i> | \$13,500.00 | Please see attached Gatesair invoice JW30004400-1 | \$9,450.00 | z |
| Mask Filter | <i>\$74,854.98</i> | \$74,854.98 | Please see attached Gatesair invoice JW30004400-1 | \$52,398.48 | N/A |
| Other -- HVAC Service Type: H Size:25 (Other) | <i>\$31,627.00</i> | \$31,627.00 | N/A | N/A | N/A |

| | | | | | |
|---|--------------------|----------------|---|----------------|-----|
| Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors. | \$12,101.82 | \$12,101.82 | Please see attached Gatesair invoice JW30004400-1 | \$8,471.27 | N/A |
| UHF - Liquid Cooled Solid State Transmitter 52 - 61 kW | \$1,788,000.00 | \$1,224,535.07 | Please see attached Gatesair invoice JW30004400-1 | \$857,174.54 | N/A |
| Sub-total | \$2,050,396.22 | \$1,486,931.29 | N/A | \$1,018,705.97 | N/A |
| Total for all systems | \$2,534,395.85 | \$1,957,784.80 | N/A | \$1,162,711.32 | N/A |

Components

| Actual Information | |
|------------------------|--|
| Description | File Name |
| RF Accessories | Component Description: RF Accessories Amount: \$26,591.64 |
| Installation and Proof | Component Description: Installation & Proof Amount: \$64,620.04 |

| | |
|--|--|
| Freight | <p>Component Description: Freight</p> <p>Amount: \$9,450.00</p> |
| Mask Filter | <p>Component Description: Mask Filter</p> <p>Amount: \$52,398.48</p> |
| Other -- HVAC Service Type: H Size:25 (Other) | Information not provided. |
| <p>Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.</p> | <p>Component Description: Electrical Service</p> <p>Amount: \$8,471.27</p> |
| UHF - Liquid Cooled Solid State Transmitter 52 - 61 kW | <p>Component Description: Transmitter</p> <p>Amount: \$857,174.54</p> |

Cost Information **Antennas**
Information not provided.

Cost Information **Transmission Line**
Information not provided.

Cost Information **Tower Equipment and Rigging Costs**
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 | \$260,930.00 | \$256,471.38 | | \$72,805.35 | |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$625.00 | N/A | N/A | N/A |
| Sweep Test of New Primary Antenna | <i>\$5,000.00</i> | \$5,000.00 | See ATC document 460204845 - WVLT's share of sweep test costs post transition as part of ATC Capital Contribution. | \$5,000.00 | N/A |

| | | | | | |
|--|-------------------|-------------|--|------------|-----|
| Sweep Test of Existing Antenna | <i>\$2,500.00</i> | \$2,500.00 | See ATC document 460204845 - WVLT's share of sweep test costs during transition as part of ATC Capital Contribution. | \$2,500.00 | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$87,400.00 | Allen Dick antenna system has no documentation, will require coverage verification for new channel. | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,458.13 | State and local taxes included | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,462.50 | State and local taxes included | \$196.50 | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,638.75 | State and local taxes included | N/A | N/A |

| | | | | | |
|--|----------------|----------------|--------------------------------|----------------|-----|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,277.50 | State and local taxes included | \$1,687.50 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,647.00 | State and local taxes included | \$5,537.50 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,731.25 | State and Local Taxes included | N/A | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,731.25 | State and local taxes included | \$1,332.00 | N/A |
| Project management of the transition | \$142,200.00 | \$135,000.00 | 900 hours at \$150 per hour | \$56,551.85 | N/A |
| Sub-total | \$260,930.00 | \$256,471.38 | N/A | \$72,805.35 | N/A |
| Total for all systems | \$2,534,395.85 | \$1,957,784.80 | N/A | \$1,162,711.32 | N/A |

Components

| Actual Information | |
|---|---------------------------|
| Description | File Name |
| Prepare request for Special Temporary Authorization | Information not provided. |

| | |
|--|--|
| Sweep Test of New Primary Antenna | <p>Component Description: Sweep Test of New Primary Antenna</p> <p>Amount: \$5,000.00</p> |
| Sweep Test of Existing Antenna | <p>Component Description: Sweep Test of Existing Antenna</p> <p>Amount: \$2,500.00</p> |
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| Attorney Fees -Prepare and File 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: Work on and file WVLT initial repack CP</p> <p>Amount: \$196.50</p> |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | <p>Component Description: support response to review of reimbursement form 399</p> <p>Amount: \$125.00</p> <p>Component Description: CP application</p> <p>Amount: \$1,562.50</p> |

| | |
|---|---|
| <p>Perform engineering study for new channel assignment and antenna development</p> | <p>Component Description: Perform engineering study for new channel assignment</p> <p>Amount: \$537.50</p> <p>Component Description: RF Eng Study</p> <p>Amount: \$5,000.00</p> |
| <p>Prepare and or review reimbursement form</p> | <p>Information not provided.</p> |
| <p>Address transition timing and coordination issues w/ other stations and wireless</p> | <p>Component Description: Review linked set for WVLT; work on coordination with linked group for transition logistics.</p> <p>Amount: \$1,332.00</p> |
| <p>Project management of the transition</p> | <p>Component Description: Project Management</p> <p>Amount: \$1,984.45</p> <p>Component Description: Project Management</p> <p>Amount: \$2,034.20</p> <p>Component Description: Project Management</p> <p>Amount: \$2,694.40</p> <p>Component Description: Project management</p> <p>Amount: \$2,442.65</p> |

Component Description: Project management
Amount: \$2,231.90

Component Description: Project management
Amount: \$1,328.55

Component Description: Project Management
Amount: \$2,397.10

Component Description: Project Management
Amount: \$1,818.75

Component Description: Project Mgt
Amount: \$802.25

Component Description: Project Management
Amount: \$2,314.90

Component Description: Project Management
Amount: \$2,071.40

Component Description: Project Management
Amount: \$2,273.85

Component Description: Project Management
Amount: \$1,656.85

Component Description: Project Mgt
Amount: \$2,656.30

Component Description: Project Management
Amount: \$1,927.35

Component Description: Project Management
Amount: \$2,881.20

Component Description: Project Management
Amount: \$1,941.85

Component Description: Project Management
Amount: \$1,642.75

Component Description: Project Mgt
Amount: \$28.20

Component Description: Project Management
Amount: \$2,777.30

Component Description: Project Mgt
Amount: \$2,927.30

Component Description: Project Management
Amount: \$1,835.40

Component Description: Project Mgt
Amount: \$951.45

Component Description: Project Mgt
Amount: \$755.80

Component Description: Transition Related
Project
Management Costs
Amount: \$2,100.00

Component Description: Project
Management
Amount: \$3,883.15

Component Description: Project
Management
Amount: \$2,034.35

Component Description: Project
Management
Amount: \$2,158.20

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 | \$223,069.63 | \$214,382.13 | | \$71,200.00 | |
| Tower Analysis | <i>\$7,500.00</i> | \$7,500.00 | See vendor invoice | N/A | N/A |
| Security | <i>\$12,000.00</i> | \$12,000.00 | N/A | N/A | N/A |
| Combiner | <i>\$109,814.63</i> | \$109,814.63 | See American Tower attachment | \$71,200.00 | N/A |
| MVPD Notification of Channel Change | <i>\$1,200.00</i> | \$1,200.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$10,000.00</i> | \$10,000.00 | N/A | N/A | N/A |
| Equipment Storage | <i>\$12,000.00</i> | \$12,000.00 | N/A | N/A | N/A |

| | | | | | |
|--|--------------------|--------------|---|-------------|-----|
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$40,337.00</i> | \$40,337.00 | See attached Funderburk Electrical Services, Inc. quote for transformer removal and disposal, cost \$4,912. See attached quote from Kevin Duplantis for transmitter removal and disposal, cost per quote, \$35,425. | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$18,138.00</i> | \$18,138.00 | 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 |
| DTV Medical Facility Notification | \$11,550.00 | \$2,877.50 | N/A | N/A | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| Sub-total | \$223,069.63 | \$214,382.13 | N/A | \$71,200.00 | N/A |

| | | | | | |
|------------------------------|----------------|----------------|-----|----------------|-----|
| Total for all systems | \$2,534,395.85 | \$1,957,784.80 | N/A | \$1,162,711.32 | N/A |
|------------------------------|----------------|----------------|-----|----------------|-----|

Components

| Actual Information | |
|--|--|
| Description | File Name |
| Tower Analysis | Information not provided. |
| Security | Information not provided. |
| Combiner | <p>Component Description: Capital Contribution-Knoxville TN</p> <p>Amount: \$71,200.00</p> |
| MVPD Notification of Channel Change | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Storage | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |
| Equipment Delivery and Handling Charges | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| DTV Medical Facility Notification | Information not provided. |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$2,534,395.85 | \$1,957,784.80 | \$1,162,711.32 |

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 |
|---------------|---|---|----------|
| | <p>Submission of Estimated Expenses Statements</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 data-bbox="758 772 1053 1176">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 data-bbox="758 1198 1037 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. <li data-bbox="758 1467 1045 1747">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.

**Robert
Folliard , III**
.
*Assistant
Secretary*

06/27/2019

| 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.

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

**Robert
Folliard , III**
.
*Assistant
Secretary*

06/27/2019

Attachments