



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **40211** | Service: **DCA** | Call **WYBE-CD** | Channel: **34 (UHF)**
ID:
File **0000027609**
Number:
FRN: **0003761905** | Date **08/30**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------------|--------------------------------|----------------|
| MULTIMEDIA NETWORK OF NC, INC Doing Business As: MULTIMEDIA NETWORK OF NC, INC | Dr.Mark Evans 110 TORREY PINES LANE PINEHURST, NC 28374 United States | +1 (910) 215- 5686 | markmywords@embarqmail. com | Corporation |

Reimbursement Contact Information

Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|--|---------|-------|-------|
| The Preparer is same as the reimbursement contact. | | | |

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 | Station will submit application for construction permit (Schedule E) and estimates of equipment costs for which station is eligible for reimbursement. |

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 | ITS-220A |
| | Year | 1996 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 0.03 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 | UAXTE-50 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 0.11 kW |
| | Justification for New Transmitter | Transmitter no longer manufactured. Parts not available to retune. |

**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 | No |
| | Description | N/A |
| 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

| Name | Description |
|------------------|-------------------------------------|
| Installation | Separately billed installation cost |
| Transmitter Rack | From Gates Air |

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 Manufacturer and Type | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Other |
| | 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 | UHF Dipole with grid reflectors |
| ERP: (Effective Radiated Power) | 0.11 kW |
| Manufacturer | Scala |
| Model | WYBE-SCACUSTOM |
| Year | 1996 |

Primary Antenna

Adjustment to Existing Antenna

| Section | Question | Response |
|--------------------------------|---|----------|
| Sweep Test of Existing Antenna | Do you need a sweep test of existing antenna? | No |

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 | |

Primary Antenna

Other Antenna Cost Not Listed

| Name | Description |
|------|-------------|
|------|-------------|

| | |
|------------------------------------|--|
| Feedhorns and power divider | PDL2-55-50 two-way, equal split ratio power divider, broadband 470-614 MHz, max input 100-watts with 50 ohm type. PRFTV-34-50 Paraflector feed assembly, Channel 34 (590-596 MHz) |
|------------------------------------|--|

Transmission Line

| Section | Question | Response |
|------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | No |

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 | Move Equipment |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Leased |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | No |
| | Is tower documented for structural analysis? | Unknown |
| | Is tower compliant with Rev G? | Unknown |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1006461 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 35° 09' 58.0" N- |
| | Longitude (NAD83) | 079° 25' 11.0" W- |
| | Overall Structure Height | 250.00 feet |
| | Support Structure Height | 246.39 feet |

| | |
|--|--|
| Ground Elevation Above Mean Sea Level (AMSL) | 479.65 feet |
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | MUIRFIELD BROADCASTING INC |
| Date Constructed | 10/01/1990 |

**FM, AM or TV radio
broadcasters. Facility ID's,
Call Signs and Services of
other broadcast stations with
whom the tower is shared**

| Facility ID | Call Sign | Service |
|-------------|-----------|---------|
| 46949 | WIOZ | AM |
| 25204 | WIOZ-FM | FM |

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**

| Section | Question | Response |
|---|--|--|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 16 |
| | Explanation | We need technical assistance from a consulting engineer regarding configuration. This requires on-site presence of the engineer for an estimated 16 hours. |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | No |
| | 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 | No |
| | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | Prepare and file Form FCC License to Cover Application | No |
| | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | 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 | No |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| 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 Costs

Other Professional Services Expenses Not Listed

| Name | Description |
|--|--|
| Consulting and Onsite Engineering Services | Engineering Consulting and On-Site Coordination of Equipment Required for Repacking with New Transmitter and Antenna equipment |

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)? | No |
| | 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 |
|-----------------------------------|--|
| Cable Carrier 2 Notification | Notification of Cable Carrier 2 as required |
| Cable Notification | Notification of Cable Carrier as required |
| Freight | Shipping charges for transmitter and other listed equipment |
| Mask Filter System | Required for transmitter to broadcast FCC approved signal and channel |
| Medical-Cable Notification Postal | Postal receipts for notification of medical and cable facilities |
| Tower Crew | Necessary to climb the tower and modify antenna and install equipment. |
| Rack Screws | Required to secure transmitter to rack |

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 UAXTE-50 | \$21,456.50 | \$21,456.50 | | \$21,456.50 | |
| Installation | <i>\$7,985.00</i> | \$7,985.00 | N/A | \$7,985.00 | N/A |
| Transmitter Rack | <i>\$3,951.50</i> | \$3,951.50 | Engineer has recommended a rack incorporating an electrical power strip. Rack must have casters to be able to move to service equipment being added as a result of the repack requirements. | \$3,951.50 | N/A |
| UHF - Air Cooled Solid State Transmitter 0.11 kW | <i>\$9,520.00</i> | \$9,520.00 | N/A | \$9,520.00 | N/A |
| Sub-total | \$21,456.50 | \$21,456.50 | N/A | \$21,456.50 | N/A |
| Total for all systems | \$151,628.05 | \$65,185.05 | N/A | \$29,932.10 | N/A |

Components

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

| | |
|--|---|
| Installation | Component Description: Installation of transmitter Amount: \$7,985.00 |
| Transmitter Rack | Component Description: Equipment rack as required for transmitter and components already ordered. Amount: \$3,951.50 |
| UHF - Air Cooled Solid State Transmitter 0.11 kW | Component Description: Transmitter Amount: \$9,520.00 |

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 WYBE-SCACUSTOM | \$7,789.00 | \$7,459.00 | | \$1,006.05 | |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Feedhorns and power divider | <i>\$1,059.00</i> | \$1,059.00 | N/A | \$1,006.05 | N/A |
| Sub-total | \$7,789.00 | \$7,459.00 | N/A | \$1,006.05 | N/A |
| Total for all systems | \$151,628.05 | \$65,185.05 | N/A | \$29,932.10 | N/A |

Components

| Actual Information Description | File Name |
|--------------------------------|--|
| Sweep test of existing antenna | Information not provided. |
| Feedhorns and power divider | <div>Component Description:Two feedhorns and power divider as previously requested.</div> <div>Amount:\$1,006.05</div> |

Cost Information

Transmission Line

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 TOWER | \$84,200.00 | \$5,000.00 | | \$0.00 | |
| Short Tower (less than 500') | \$84,200.00 | \$5,000.00 | N/A | N/A | N/A |
| Sub-total | \$84,200.00 | \$5,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$151,628.05 | \$65,185.05 | N/A | \$29,932.10 | N/A |

Components

Information not provided.

Cost
Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Outside Professional Services | \$15,363.00 | \$15,000.00 | | \$0.00 | |
| Consulting and Onsite Engineering Services | <i>\$8,100.00</i> | \$8,100.00 | 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 |
| Project management of the transition | \$2,528.00 | \$2,400.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
| Sub-total | \$15,363.00 | \$15,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$151,628.05 | \$65,185.05 | N/A | \$29,932.10 | N/A |

Components

Information not provided.

Cost Information

Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|-----------------------------|--------------------|--|-------------------|---------------------------|
| Other Expenses | \$22,819.55 | \$16,269.55 | | \$7,469.55 | |
| Medical-Cable Notification Postal | <i>\$6.85</i> | \$6.85 | Please note. U.S. Postal Service does not provide written estimates, only actual costs. | \$6.85 | N/A |
| Mask Filter System | <i>\$1,566.00</i> | \$1,566.00 | N/A | \$1,566.00 | N/A |
| Freight | <i>\$3,500.00</i> | \$3,500.00 | N/A | \$3,500.00 | N/A |
| Equipment Delivery and Handling Charges | <i>\$500.00</i> | \$500.00 | Quotes for transmitter and antenna specify freight to be billed at time of invoice. Estimated cost is for \$500.00 | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$3,200.00</i> | \$3,200.00 | Estimate for production costs to develop ad, replacement of broadcast spots on the air. | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$100.00</i> | \$100.00 | N/A | N/A | N/A |

| | | | | | |
|---|-------------------|-------------|--|-------------|-----|
| Cable Carrier 2 Notification | \$6.85 | \$6.85 | N/A | \$6.85 | N/A |
| Cable Notification | \$6.85 | \$6.85 | N/A | \$6.85 | N/A |
| Tower Crew | \$2,350.00 | \$2,350.00 | Upon examination of the time and crew requirements, the tower company has supplied a slightly increased estimate from the original expectation of \$2000.00 for labor and hours.. | \$2,350.00 | N/A |
| Rack Screws | \$33.00 | \$33.00 | N/A | \$33.00 | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$5,000.00 | N/A | N/A | N/A |
| Sub-total | \$22,819.55 | \$16,269.55 | N/A | \$7,469.55 | N/A |
| Total for all systems | \$151,628.05 | \$65,185.05 | N/A | \$29,932.10 | N/A |

Components

| Actual Information | | |
|--------------------------------------|-------------------------------|--|
| Description | File Name | |
| Medical-Cable Notification Postal | Component Description: | Postal Service notification of medical facility as required |
| | Amount: | \$6.85 |

| | |
|---|--|
| Mask Filter System | Component Description: Mask Filter Amount: \$1,566.00 |
| Freight | Component Description: Freight Amount: \$3,500.00 |
| Equipment Delivery and Handling Charges | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| MVPD Notification of Channel Change | Information not provided. |
| Cable Carrier 2 Notification | Component Description: Cable Carrier Notification Postal Receipt Amount: \$6.85 |
| Cable Notification | Component Description: Cable Carrier notification postal receipt Amount: \$6.85 |
| Tower Crew | Component Description: On site tower services as required by the repack modification to antenna. Amount: \$2,350.00 |
| Rack Screws | Component Description: Rack Screws Amount: \$33.00 |

| | |
|--------------------------------------|---------------------------|
| DTV Medical Facility Notification | Information not provided. |
|--------------------------------------|---------------------------|

| Cost Information | Grand Total | | | |
|------------------|-----------------------|-----------------------------|----------------|-------------|
| | | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| | Total for all systems | \$151,628.05 | \$65,185.05 | \$29,932.10 |

| Reimbursement Status | Question | Response |
|----------------------|--|----------|
| | The facility has ceased operating on its pre-auction channel. | Yes |
| | Construction of final facilities or all necessary modifications are complete. | Yes |
| | 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.

| | |
|---|---|
| <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Mark Evans , PhD . <i>President</i></p> <p>08/30/2019</p> |

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | Submission of Actual Cost Documentation Statements | 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). | |
| | | <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>Mark Evans , PhD . <i>President</i></p> <p>08/30/2019</p> |

| Certification | Section | Question | Response |
|---------------|---|--|----------|
| | Submission of Final Allocation or Accounting Information 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 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 acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Mark
Evans ,
PhD .**
President

08/30/2019

Attachments